of control over the movement and use of tapioca. The subject of rationing did not come under the consideration of the Council in connection with the demand. I have, therefore, decided that the Council cannot receive this petition since it deals with a matter which is not and was not yesterday actually under the consideration of the Council.

Adjournment Motion

Mr. President.—I have received from the Hon'ble Member Mr. Pylee notice that he wishes to move the adjournment of the Council for the purpose of discussing a matter of urgent public importance, namely, the serious inconvenience caused to residents within the limits of the Ernakulam Muncipality by the arrangement now made for scavenging only on alternate days. I shall be glad if the Hon'ble Member would satisfy me that this is a matter of recent occurrence and that it is a matter of such urgent public importance as to warrant the adjournment of the business of this House.

* **Mr. L. M. Pylee** *(Latin Christian-Ernakulam):* Sir, the matter is urgent. It is obvious from the nature of the subject itself and it is of public importance because in a Municipality like this a matter of such absolute necessity in which so many people are concerned I would submit that it is quite obvious that it is a matter of public importance and of recent occurrence I wish to submit that the present arrangement upon which I have tabled this motion has been made only within the last three or four days. That is my information. The order was passed only after this meeting began. Previous to that this arrangement might have been in existence. This actually has occurred only recently and is continuing and therefore, I submit that this motion may be accepted.

Mr. C. J. Mathew *(Joint Secretary to Government):* It is very much regretted that Government had to resort to this course.

Mr. President: Is it the Government or the Municipality ?

Mr. C. J. Mathew *(Joint Secretary to Government):* I am sorry, Sir, it is the Municipality. The Chairman has held out an assurance that everything that is possible will be done by the Municipality to stop this practice as early as possible. They have now adopted it as a purely temporary measure due to reasons beyond their control. I expect it will be rectified in a week or two. It is concerded that the present situation is rather a serious one, but every effort will be made by the Government to induce the Municipality to resume the old practice of daily scavenging.

Mr. President: I quite accept the Hon'ble Member's contention that this is a matter of importance. But inasmuch as it is primarily the concern of the Municipal Council and not of the Government I hardly think that we should be justified in adjourning the business of this House to consider the matter, more particularly in view of the fact which has been represented from the Government Benches that Government are well aware of the matter and are doing what they can to induce and to help the Municipal Council to improve the conditions .

VOTING OF DEMANDS FOR GRANTS *(cont.)*

23. Medical

CUT MOTION NO. 39 *(cont.)*

The inadequacy of provision for the diet of Patients

***Mr. T. S. Ramachandra Ayyar** *(Chittur-Tattamangalam):* Sir, I rise to support this motion. Yesterday the Hon'ble Member for Medicine was pleased to inform this House that he has budgetted for this amount as dietary charges on the basis of an allowance per patient being at 3 or 4 annas. On the basis of that figure and in view of the high prices of foodstuffs prevailing now it does not require a long speech to show that the food actually given to these patients is not at all adequate. Sir, I take it that the items of food given to the patients are the same in all the hospitals in all other Districts. If so, from my knowledge of the condition of things in the Chittur hospital, they are given rice gruel of questionable quantity twice a day. Am I right ? They are given rice gruel and some curry which is mere tamarind water. I am not finding fault with the officers because with the allowance actually made to them they can only supply as much. The patients ought to be satisfied with this rice gruel twice a day, in the morning at 9 O'clock and in the evening,

Rao Sahib Dr. T. Verghese *(Chief Medical Officer):* We give rice in the evening. Thrice a day.

* **Mr. T. S. Ramachadara Ayyar** *(Chittur-Tattamangalam):* I am told that in former days patients were given in addition to this milk and bread also. I do not want to waste the

* Speech not corrected by the Hon'ble Member.

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time of the House by a long speech. My point is that in addition to this rice gruel the Government will do well to supply the patients with bread and milk in the morning. Whatever additional expenditure is required on that account won't be waste of money. It is a fundamental duty of every civilised Government to see that the patients who are unfortunately driven to the Hospital are properly fed. After all, Sir, it is the poorest of the poor who resort to the general wards of the hospital. In all except surgical cases the poorest go to private practiitoners. It is the poorest of the poor who resort to general wards. Men of means are not dependent upon the food supplied by the authorites. They get their own food from home. I tell you a cup of milk will do them more good than any medicine you may give them. So this motion, I take it, has been brought here with the idea of strengthening the hands of Chief Medical Officer and whatever expenditure we are put to that will be only doing the right thing to the patients. So I strongly support this motion.

* **Mr. A. B. Salem** *(Mattancheri):* I also rise to support this motion, Sir. I find that Rs. 95,000 budgetted here which works out at the rate of Rs. 260—4—5 per day. I ask the Government how many patients are to be provided with food in all the hospitals put together. I don't know the exact number. This amount divided by the exact number would give you the average.

Rao Sahib Dr. T. Verghese *(Chief Medical Officer):* It is 1016.

* **Mr. A. B. Salem** *(Mattancheri):* Then it will work out at 0—3—3 and if you have necessarily to give some patients some costly things like oranges andother things then the average for the other kind of food would be very small if you are to give oranges, lime, etc. All these things are costly and if you have to give chicken broth then the balance will be only a very small amount with which you cannot possibly provide anything nutritious to the other patients. Therefore, I think in these days when we admit that the prices of articles of diet have gone up in value by 200 or 300 per cent or more, the ordinary budget figures will certainly not be sufficient under dietary charges. For instance, in the year 1118 the accounts showed Rs. 64,000. You have to budget three times that in this year when prices have gone 400 or 300 per cent over what it was in 1117. Therefore, *ipso facto* I cannot understand the conundrum produced by the Chief Medical Officer—perhaps he knows some means by which foods can be elongated or to grow in bulk—but otherwise this Rs. 95,000 is a very inadequate provision. I do not know whether he asked for more and the Government cut it down. We have a surplus budget and therefore, to starve the sick population and to have a surplus is no honour to all of us because we are also considering the budget. We could not increase the expenditure. But we can cut it down: We cannot increase the expenditure except by appealing to the Government and it is our duty to make an appeal. We ask the Government that if Rs. 60,000 was the expenditure then should not at least double the amount be granted now. If it is the fault of the Chief Medical Officer we will make the cut because he did not make the demand. If he has made the demand and the Government cut it down we will make an appeal to the Government to be generous and take these matters into their sympathetic consideration and in a liberal spirit and to provide the sick people with what they are in need of.

* മിസ്റ്റർ പി. നാരായണമേനോൻ: സർ, ഞാൻ ഈ ഉപക്ഷേപത്തെ അനുകൂലിക്കുന്നു. ഉള്ള പണംകൊണ്ട് ആവശ്യങ്ങൾ കഴിയുന്നിടത്തോളം നിവ്വഹിക്കുമെന്നുള്ള നയമാണ് ഗവമ്മെണ്ടംഗീകരിച്ചു കാണുന്നതു്. അതു് മാറീട്ടു ആവശ്യങ്ങൾ മുഴവൻ നിവ്വഹിക്കുന്നതിന്നു വേണ്ടിടത്തോളം ഉള്ള തുക ബഡ്ഡറിൽ കൊള്ളിക്കുന്ന ഒരു നയം ഇതുവരെ സ്വീകരിച്ചു കാണാത്തതിൽ ഓരോരുത്തരും ഇപ്പോൾതന്നെ ഇംപേഷ്യൻറ്സ് ആയിക്കഴിഞ്ഞിരിക്കുന്നു. ക ക ഫന്നു-ൽ രോഗികളുടെ ഭക്ഷണാവശ്യത്തിന്നു ൪ ൦, ൦ ൦ ൦ രൂപാ ബഡ്ഡറിൽ കൊള്ളിച്ചിട്ടുണ്ട്. ക ക ഛ ൦-ൽ അതു് ൯ ൪, ൦ ൦ ൦ രൂപായായി വൎദ്ധിച്ചിട്ടുണ്ട്. ക ക ക്കന്നു-ലെ തോതനുസരിച്ചു് കഞ്ഞികൊടുക്കുക എന്നതുമാത്രം നിവ്വഹിക്കണമെന്നുണ്ടെങ്കിൽ ഇന്നു് അരിയുടെ വില ഗവമ്മെണ്ടതന്നെ മുന്നിരട്ടിയാക്കി വർദ്ധിപ്പിച്ചിട്ടുള്ളതുകൊണ്ടു് ക,൪ ൦,൦ ൦൦ രൂപാ വേണ്ടിവരുമെന്നുള്ളതു് തീച്ചയാണു്. അതു് കഞ്ഞിവെള്ളം മാത്രം കൊടുക്കുന്നതിനാണു്. അരിയൊഴികെ മറവുള്ള സാധനങ്ങളുടേയും വില വളരെ ഇരട്ടി വർദ്ധിച്ചിട്ടുണ്ടു്. മുട്ട അത്യാവശ്യമായിട്ടുള്ള ഒരു സാധനമാണു്. ക ക ക്കന്നു-ൽ ഒരു മുട്ടയ്ക്കു് കാലണയായിരുന്ന വില. ഇപ്പോൾ ഛ ണ.യിൽ അധികമായിരിക്കുന്നു. പാലിന്നു നാലണയായിരുന്നതു ഇപ്പോൾ കക. യിൽ കവിഞ്ഞിട്ടുണ്ടു്. മറവു സാധനങ്ങളുടെ വില ഇതുപോലെ അധികം വർദ്ധി

* Speech not corrected by the Hon'ble Member.

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ച്ചിട്ടുള്ളതനുസരിച്ച് കണക്കാക്കുന്നപക്ഷം ഈ ഒരു ഫ, ൫ ൦, ൦ ൦ ൦ രൂപാ മതിയാകയില്ലെന്നു വ്യക്തമാകും. നേരെമറിച്ചു ജയിലിൽ ഫ ഫ ഫന്ു-ൽ ഭക്ഷണാവശ്യത്തിലേക്കു ചിലവുചെയ്യുവാൻ നീക്കിവെച്ചിരിക്കുന്ന തുക പതിനായിരം ക. യായിരുന്നു. ഫ ഫഒ-ൽ അതു് ൫൭, ൦ ൦ ൦ക. യായിട്ടു വർദ്ധിച്ചിട്ടുണ്ടു്. അതായതു്, മൂന്നിരട്ടി കൂടുതൽ. ഇതു് ക്രമേക്കൂടി ന്യായമാണെന്നു തോന്നുന്നുണ്ടു്. ഒന്നുകിൽ ജയിലിൽ ശിക്ഷിക്കപ്പെട്ടിട്ടുള്ളവരുടെ സംഖ്യ വർദ്ധിച്ചിട്ടുണ്ടാകും. അങ്ങിനെ വർദ്ധിച്ചിട്ടില്ലെങ്കിൽത്തന്നേയും ചിലവിനുള്ള സംഖ്യ കൂട്ടിയതു ന്യായമാണെന്നു വിചാരിക്കാം. രോഗികളുടെ ചിലവിനുള്ള സംഖ്യ കുറക്കുകയും, ജയിലിലേക്കുള്ളതു കൂട്ടുകയും ചെയ്യപ്പോൾ സകല ആളുകളുടേയും രോഗം വളരെയധികം ആശ്വാസമായതിന്റെ ഫലമായിട്ടാണു് അക്രമങ്ങളും കളവുകളും രാജ്യത്തു വർദ്ധിച്ചു് ജയിലിൽ ഇങ്ങിനെ ആളുകളുടെ സംഖ്യ കൂടുവാൻ കാരണമായതെന്നു സംശയിച്ചുപോകും. യഥാർത്ഥം അങ്ങിനെയല്ലെന്നു നമുക്കെല്ലാവർക്കുമറിയാം. ജയിലിൽ ആളുകളുടെ സംഖ്യ വർദ്ധിച്ചിട്ടുണ്ടെങ്കിൽ അതുപോലെതന്നെ രോഗികളുടെ സംഖ്യയും വർദ്ധിച്ചിട്ടുണ്ടു്. ഇവിടെ ഇംപേഷ്യൻറ്സിന്റെ സംഖ്യ എത്രയുണ്ടെന്നുള്ളതിനു ഒരു ക്ലിപ്തമുണ്ടെങ്കിലും അതുമപേക്ഷ ഭക്ഷണംകൊടുത്തു, അവർ മരിക്കാതെകണ്ടുള്ള നിലയിൽ സുഖപ്പെടുത്തി അവരെ പുറത്തേക്കയക്കണമെന്നുണ്ടെങ്കിൽ നിശ്ചയമായും ഇന്നത്തെ സംഖ്യ മൂന്നിരട്ടി വർദ്ധിപ്പിക്കാതെ സാദ്ധ്യമാകയില്ലെന്നുള്ളതു് വ്യക്തമാകുന്നുണ്ടു്. അതുകൊണ്ടു് അവരുടെ ഭക്ഷണസ്ഥിതി കുറച്ചെങ്കിലും ഭേദപ്പെടുത്തിയാൽ കൊള്ളാമെന്ന അഭിപ്രായമാണു് എനിക്കുള്ളതു്.

Rao Sahib Dr. T. Verghese *(Chief Medical Officer)*: Sir, I have profited by many criticisms on the provision made under dietary charge for 1120. At the very outset I must state that this amount is only provisional. It is based on the actuals of last year and it has been now decided to provide many in-patients in the hospitals throughout the State with milk supplied by the Government of India and if that would be available—and I hope it would be available—it would cost the Government very nearly another Rs. 60,000. So that if that Rs. 60,000 is added on to the Rs. 95,000 now provided the total provisions for dietary will come to Rs. 1,55,000. I am prepared to concede, Sir, that the provision made is perhaps not adequate enough but I can assure the Hon'ble Members that I shall certainly come before this House for more and I feel certain that this House will be gracious enough to sanction any allotment that will be necessary. I can again assure the House that I will see that the patients do not suffer on this score.

Mr. P. Kumaran Ezhuthassan *(Vadakkancheri)*: Sir, the reply from the Hon'ble Member for Medicine that they are trying to improve the dietary charges is something which is not very helpful for the decision on this cut motion. We find, Sir, that in our budget for 1120 we have got a very huge surplus and activities of very questionable utility have been launched upon by Government. That is clear from certain provisions seen in the Budget. The necessity for sufficient amount for proper dietary charges to the very large number of patients that resort to our popular hospitals must be conceded and is conceded by our Government. The necessity being conceded, the funds being there and with all this provision not being made properly is a serious charge which must lie and which will lie at the doors of the officers responsible for approaching the Government to get the necessary funds in that line. So the Chief Medical Officer's reply is not anything satisfactory. The Administration Report for the year 1118 clearly shows that we have got 16 hospitals, 15 dispensaries and one leper asylum making in all 32 institutions in the whole State. The total number of inpatients admitted into these hospitals in the year 1118 was 31,675, which shows nearly an increase of nearly two thousand from that of 1117 and when the report of 1119 is published surely there will be a still larger increase than in the year 1118 because I concede that our hospitals are very popular. Therefore, going one step further by 1120 the number must and will increase still more because our hospitals are very popular. That is why people come. Otherwise patients will not resort to the hospitals. The patients are being well cared for and that is admitted and therefore larger and larger numbers will resort to the hospitals and the number will increase for 1120. The daily attendance of inpatients for the year 1118 as noted in the printed Administration Report is 7,673, which is an increase of more than 1,000 from the figures of 1117. In these days of high prices for food-stuffs and especially for food-stuffs and especially for food-stuffs of a nutritive value, the allotment fixed is very meagre. So I cannot characterise the provision of 95,000 rupees as anything other than most meagre.

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Rao Sahib Dr. T. Verghese *(Chief Medical Officer):* Of course there is another 60,000 rupees.

Mr. P. Kumaran Ezhuthassan *(Vadakkancheri):* With that also, Sir, the amount is meagre. I am using the positive degree and not the superlative. So to provide properly in these days of plenty and to stand by the side of the patients who resort to our hospitals is the duty of the Chief Medical Officer and I am sorry to note that what is provided now is meagre and to put it mildly is not what is expected of the Chief Medical Officer. Hence, I am constrained to press the motion to a division.

Motion put and carried

Mr. A. B. Salem *(Mattancheri):* A Poll, Sir.

Ayes.

(1) Mrs. Thankamma N. Menon
(2) Mrs. K. Joshua
(3) Mr. K. R. Achyuthan
(4) Mr. C. V. Iyyu
(5) Mr. Ephraim Ouseph
(6) Mr. K. T. Achyuthan
(7) Mr. A. V. Moothedan
(8) Mr. T. A. Ramachandra Ayyar
(9) Mr. V. K. Bhaskara Menon
(10) Mr. C. N. Ittiravi Nambudiri
(11) Mr. C. Kunhan Nambudiripad
(12) Mr. K. Ashtamoorthi Nambudiripad
(13) Mr. A. Eachara Menon
(14) Mr. K. S. Panicker
(15) Mr. T. Kochuvaried
(16) Mr. P. Narayana Menon
(17) Mr. L. M. Pylee
(18) Mr. A. B. Salem
(19) Mr. A. T. Kunhipalu
(20) Mr. P. Kumaran Ezhuthassan
(21) Rao Sahib M. Nanu Menon
(22) Mr. T. S. Ramachandra Ayyar
(23) Mr. C. K. Nayar
(24) Mr M. Krishna Menon
(25) Mr. K. Kunhirama Menon
(26) Mr. K. Narayana Menon
(27) Mr. Thomas Karikkassery
(28) Mr. N. Govinda Pai
(29) Mr. N. V. Subbarayan Chettiyar
(30) Mr. C. K. S. Mony
and (31) Mr. George Panikulam.

Noes.

(1) Rama Varmha Tampuran
(2) Mr. A. Madhava Prabhu
(3) Mr. M. Sivarama Menon
(4) Mr. B. V. K. Menon
(5) Mr. C. J. Mathew
(6) Mr. S. Venkateswaran
(7) Rao Sahib M. M. Paul
(8) Khan Sahib Mohamed Habbib-ud-din Siddhiki Sahib Bahadur
(9) Mr. V. K. Aravindaksha Menon
(10) Mr. P. V. Raphael
(11) Mr. P. Sankaran Nambiar
and (12) Rao Sahib Dr. T. Verghese.

Mr. President: 31 against 12. The motion is carried.

Cut Motion No. 40

The unsatisfactory condition of patients in the hospitals

***Mr. A. V. Moothedan** *(Chalakkudi):* Sir, I beg to move that the allotment of Rs. 95,000 for dietary charges be reduced by Re. 1. The object of my motion is *to point out that the condition of our patients in the hospitals is far from satisfactory.* Now the House has dealt with one aspect of the problem of inpatients, that is food. The inpatients in the hospital require food and the House has decided that the food given is not adequate and in addition to food the inpatients in the hospitals have got other requirements and amenities as well for living in a hospital. I shall deal with the problem in a minute or two.

Now, Sir, my first point is when the patient is admitted into the hospital, I am speaking of the poor patient and not the rich because the rich can go to the pay-ward, there is only the God to help them. The House cannot help them but the House is anxious to protect their interest. When a poor inpatient is admitted into the hospital none of his relatives or friends can go freely and see the patient or interview him and enquire about his condition. Therefore, a great duty, a very great responsibility, is cast on the shoulders of the medical officers concerned to see that they are taken care of well. I have often thought that the medical officers are doing a great humanitarian work, social service. If a medical officer works only for the pay he gets then that officer is not fit to be in the Department. Unless there is a genuine desire to serve the poor and sickly patients in these officers, there is no use in appointing such men.

* Speech not corrected by the Hon'ble Member.

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They may be sent away and asked te have private practice. There are several mission hospitals in Travancore conducted excellently and on up-to-date lines. There the medical officers are not working for the mere salary but they have got a genuine desire to do service to the sickly. We also want men of such sort to man our hospitals in the State.

Rao Sahib Dr. T. Verghese *(Chief Medical Officer):* Is it the contention of the Hon'ble Member that our hospitals are not equal to the mission hospitals?

Mr. President: Order, order. I think the Hon'ble Member will do well to reserve what he has to say for his reply.

Mr. A. V. Moothedan *(Chalakkudi):* My point is that if we make a comparison of our hospitals to those of the mission hospitals in Neyyur and Nagercoil, our hospitals are not up to the mark.

Mr. P. Kumaran Ezhuthassan *(Vadakkancheri):* Question.

***Mr. A. V. Moothedan** *(Chalakkudi):* The House may question or not question. Perhaps I may be wrong. The reason is those medical officers who are serving there have no other consideration except to serve the suffering humanity. At the same time I do not say that the medical officers should work for nothing. In fact I am against the system of honorary doctors being entertained in our hospitals. The Civil Surgeons attached to these hospitals should take particular care of these patients and should have a personal watch over them till their conditions improve. Once a patient is admitted into the hospital, there is nobody to look after him. He may go to hell or heaven. Nobody cares for him. There are several cases in which for want of proper attention by the officers concerned deaths have occurred. I cannot give specific instances if the Hon'ble Member for Medicine asks me to give any such case. Since nobody is allowed to go to the hospitals, it is difficult to point out specific cases. If the Hon'ble Minister or the Deputy President or any other individual is allowed to go to the hospitals he will be able to find out some cases. Here we have got only mere extra judicial information. We do not know what is really happening. By some casual visits we get some information. Therefore, what I submit to the House is that these poor patients when they are admitted into the hospitals should be more carefully looked after by the officers concerned and they should take some more interest in them. I am not charging the Medical Department with negligence or callousness. What I say is that the Department should do much more than what is being done now in the case of these poor patients. It is the duty of the House to see that these things are done in a much better way. It is always better to aim high though we may not reach that.

Then with regard to another matter, I think it will not be disputed by any. The patient may be in a state of unconsciousness and he may not know what he is doing. He may pass urine and pass other things. The scavengers should remove it timely and if the patient has no money to pay tips it is not being attended to. I have heard of such cases but I cannot quote instances. What I say is these things should be attended to properly.

When an inpatient is admitted to the hospital, apart from food he may require according to the nature of the disease oranges and such other things. Now the inpatient is compelled to purchase these things from his own pocket. I know one instance. A workman of mine was in the hospital and he was asked to purchase oranges. Now how could he purchase oranges. Another thing is he will have to purchase medicines also which are not available in the hospital. In some serious cases some medicines for injection may be required. The poor patients are asked to purchase these things. How could he buy all these things. The Government should see that in the case of poor inpatients all these should be given to them freely. It is the duty of the House to jealously watch the interests of the suffering people in the hospital.

Another point I wish to say is that in the General Hospital, Ernakulam, no visitors are allowed, but I submit permit is required. Who issues the permit? When a patient is admitted to the hospital, the doctor in charge issues the permit to those who have to remain with the patient, but later on people come from distant places, relations from Chalakkudi, Melur and such other distant places may come to see him, but it is very difficult for them to get a pass.

Mr. P. Kumaran Ezhuthassan *(Vadakkancheri):* Pass for what, please?

Mr. A. V. Moothedan *(Chalakkudi):* For visiting the hospital and seeing the patient.

Mr. P. Kumaran Ezhuthassan *(Vadakkancheri):* That is only for particular hours.

Mr. A. V. Moothedan *(Chalakkudi):* Even during the time for visit, *i.* e., between 5 and 6, a person should have a pass to visit the hospital and without a pass at no time in the day or night he is allowed. That is the rule here. That I think is very hard. I do not want the

* Speech not conrreted by the Hon'ble Member.

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hospital to be converted into a museum or anything like that, but persons who are near relations or close friends may wish to see the patients. According to our Christian teaching, it is a virtue to visit a poor sick man. That is our teaching. That is our training. Therefore, people especially our females, wish to visit their poor relations or a friend or family friend. But this is not allowed. I do not say that it should be allowed in all cases, but close and near relations and friends should be allowed. What is the harm in allowing that? I understand that in the Trichur Civil Hospital between 5 and 6, people are allowed. That is what I want here also. This point I wish to bring to the notice of the Government for rectification.

* മിസ്റ്റർ കെ. എസ്സ്. പണിക്കർ: സർ, ഞാൻ ഈ ഉപക്ഷേപത്തെ എതിർക്കുന്നു. ആശുപത്രിയിൽ രോഗികൾ കിടന്നാൽ അവരുടെ സ്വന്തം ആളുകൾക്ക് അവരെ ചെന്നുകാണുവാനുള്ള സൌകര്യം ഉണ്ടായിരിക്കണമെന്നാണു് പറയുന്നതു്. ഇങ്ങിനെയുള്ള സൌകര്യങ്ങൾ കൊടുത്തിട്ടുള്ള എല്ലാ ആശുപത്രികളിലും വളരെ പ്രതിബന്ധങ്ങളെല്ലാമുണ്ടായിട്ടുണ്ടെന്നുള്ളതു് പലരും എന്നെ അറിയിക്കുകയുണ്ടായിട്ടുണ്ടു്. എന്നാൽ ഇതു് അത്യാവശ്യമാണു് എന്നു എനിക്കു തോന്നിയിരുന്നു എങ്കിലും ചില അനുഭവങ്ങളെക്കുറിച്ചു് ആലോചിച്ചപ്പോൾ ഇതു് വളരെ ആപൽക്കരമാണെന്നു എനിക്കു തോന്നി. തൃശ്ശിവപേരൂർ സിവിലാശുപത്രിയിൽ കിടിന്നിരുന്ന രോഗികളെ കാണുവാൻ അവരുടെ സ്വന്തക്കാർ ചെന്നപ്പോൾ രഹസ്യമായി ചില പലഹാരങ്ങൾ കൊടുത്തതുകൊണ്ടു മൂന്നാലു രോഗികൾ മരിച്ചുതായി എനിക്കറിയാം.

Mr. A. V. Moothedan *(Chalakkudi)*: There are nurses and others there on duty. They can prevent it.

മിസ്റ്റർ കെ. എസ്സ്. പണിക്കർ: അഞ്ചുമണിമുതൽ ആറുമണിവരെ കാണുവാനുള്ള അനുവാദം ഇപ്പോഴും കൊടുത്തിട്ടുണ്ടു്. അതിൽ കൂടുതലായി അനുവദിക്കുന്നതു് ആപൽക്കരമാണു്.

മിസ്റ്റർ കെ. എസ്സ്. പണിക്കർ: രോഗികളുടെ സ്വന്തക്കാക്കു് 8 മണി മുതൽ 11 മണിവരെ കാണുവാനുള്ള സൌകര്യത്തിനു പാസ്സു് കൊടുക്കുന്നുണ്ടു്. രോഗികൾക്കു ഭക്ഷണം കൊണ്ടുവന്നു കൊടുക്കുന്നതിനു വേറെ പാസ്സു് കൊടുക്കുന്നുണ്ടു്. രോഗികളുടെ ആരോഗ്യത്തെ രക്ഷിക്കണമെന്നുള്ള ഉദ്ദേശത്തോടുകൂടിയാണു് ഡാക്ടർമാർ രോഗികളെ കാണുവാൻ എല്ലാവരേയും എപ്പോഴും അനുവദിക്കാത്തതു്. തൃശ്ശിവപേരൂർ സിവിലാശുപത്രിയിലെ അനുഭവംവെച്ചുകൊണ്ടു് എല്ലാവരേയും ഇങ്ങിനെ അനുവദിക്കുന്നതു് ആപൽക്കരമാണെന്നാണു് എന്റെ അഭിപ്രായം.

***Mr. A. B. Salem** *(Mattancheri)*: Sir, I also rise to oppose this motion. I never thought that the Hon'ble Member for Chalakkudi will be so uncharitable, to all the officers in our hospitals in such a manner as he did. I think it is a calumny upon the very kind officers that are manning the department. I have been in the hospital as an in-patient for a sufficiently long time to see the working of the institution and I pointed out to the Government whatever I thought was necessary. I have always seen all the ordinary patients—I was also in an ordinary ward and not a special ward—and I have seen the sick persons taken very good care of by the sisters that are there, and by the nurses and the servants that work under these sisters. They are constantly on their watch and whenever a person requires the aid of a scavenger or of the ward-boy or of the nurse, the aid is most readily, and what is more notable, willingly rendered. I have never heard a single complaint from the patients, many of whom could not move, and they were most grateful. And whenever it was necessary, when the patients were in serious conditions, they have been detailing one particular nurse or ward-boy to be constantly by his bed-side and was not neglected as the Hon'ble Member for Chalakkudi wanted us to believe. The Civil Surgeon in the Hospital visits every bed almost every day and note their conditions. Wherever necessary, he discusses matters with his assistants and prescribes. More than that, it could not be done. As regards the visitors and the persons to take care of them, sometimes it is almost a nuisance to the other patients. It is not only the one patient in one ward that is to be considered. There are so many other patients and unless it is absolutely necessary, I think the rule should be more strictly enforced. Now some leniency is shown, thereby disturbance is caused to the patients—I felt the disturbance myself and I bore it for the sake of those concerned, otherwise I could have complained to the Civil Surgeon that he should not allow so many persons into the hospital. They are working with more leniency than that described by my hon'ble friend here. That is

* Speech not corrected by the Hon'ble Member.

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my personal experience of this hospital. I have some intimate knowledge of the hospitals at Mattancheri, the Maharaja's Hospital and the Women's Hospital. In the Maharaja's Hospital I am an honorary visitor and in the other hospital, my wife was an officer and my daughter is and I have found the working of the hospitals and in none of these hospitals has there been any complaint. The only complaint is they have not got enough medicine to dispense, sometimes not enough materials to give. But that is not their fault, there are difficulties in the supply, and medicine is difficult to get. Excepting those inevitable difficulties, with regard to the other question of nursing and taking care of the sick and kindness to them, they are, I should say, equal, if not better than, many of the hospitals. My friend was speaking about Neyyur and Nagercoil. I don't know whether he had been there.

Mr. A. V. Moothedan *(Chalakkudi):* My relations have been there.

Mr. A. B. Salem *(Mattancheri):* I had been personally there and I do not think the working is any better than what is obtaining here.

Mr. P. Kumaran Ezhuthassan *(Vadakkancheri):* As an in-patient?

Mr. A. B. Salem *(Mattancheri):* No, but we were taking some patients there. Of course, there is the psychological effect in the mind, that is to say, this is a mission hospital doing charity and therefore they are doing more. It is only on account of the psychological working of the mind. The working there is not only not better, but the amenities there are little less, because they have not got enough money. They take money from rich patients and carry on the work for the poor patients. But here we have got officers supported by public funds. We always think, they are getting their pay and they care only for their pay. But I may say they are also working and they are also devoted to the patients. As you said the doctors of the mission hospitals have taken up this as their life work for humanity and naturally we have got a psychological effect in our mind that that kind of work is better and more kindly than this work. It is not so. The work is the same. Any doctor who has operated upon a patient, constantly has his mind upon that patient and the anxiety and the burden that they bear is only known to those who are intimate with them. I know how patients who have been operated upon by the present Civil Surgeon in the General Hospital and our Chief Medical Officer, how they have been visiting them at nights, at the dead of night (*hear, hear*) out of anxiety to see how they have been doing. With such things taken place, for a Member to give such categorical condemnation of the institutions and the officers, who have been managing them so well, is certainly not expected from him. That is what I never expected from one who could have easily seen things, and it is not difficult for him. If he has noticed any difficulty he could have brought them to the notice of his colleagues who are seated here or to the officers there. Almost every evening the Church authorities send sometimes a Chaplain to go round the place and he has been visiting me thinking at first that I was a Christian, and afterwards we got into very pleasant conversation. The Bishop of Ernakulam also visits and so many of these people go there and I never heard any complaint by any patient to any of them or to other visitors and to hear this complaint on the floor of this House has surprised me a good bit. Therefore, I am constrained to oppose this motion.

Mr. P. Kumaran Ezhuthassan *(Vadakkancheri):* Sir, When I read this cut motion on paper, when I saw the sponsor's name as that of the Hon'ble Member for Chalakkudi, I thought he would be making some revelations in this House which require rectification immediately, because he is always seen to be very well-intentioned in these matters, and I thought, coming as it does from him, there must be something rotten in our hospitals, but on hearing him presenting his case, I am sorry, Sir, that he has been the sponsor of this cut motion. What is usually obtaining in our hospitals? He has been making reference to one or two points. The relations of patients are not admitted to the hospital. There is only God above and the doctors below to care for them. It is a fact.

Mr. A. V. Moothedan *(Chalakkudi):* Is it not a fact ?

Mr. P. Kumaran Ezhuthassan *(Vadakkancheri):* You are always correct, on this point more so. It is a fact. All the persons of the family of the patients cannot be marched into the hospital and allowed to be by the side of the patients. That certainly cannot be a complaint against the running of the institutions and complaints on behalf of the patients.

The other point was that the doctors must be humanitarian individuals. Their work must be social service and all that. Whoever said that our doctors are not of that category? Persons who are in touch with our doctors from the lowest to the highest, I am prepared to say, Sir, with my intimate knowledge with very many of these doctors here, that they belong to that category. They are not there for the few rupees that go into their pockets, month after month, that

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of course is due to them, and perhaps much more is due to them. But they have the social side, the humanitarian side prominently in their mind. That is seen by the persons who have seen these doctors, a good many of them, at work by the side of their patients in the hospitals. To the credit of our doctors it has to be said that they belong to that class. That again cannot be a charge, Sir. The poor patients with nothing in their pockets are not attended to by the ward-boys and other persons in attendance in the hospitals at all times of the day and the night—that is another complaint. I do not know whether my hon'ble friend is right in that. I am not in a position to say one way or the other, but what I have judged, to their credit again, is that they are always in attendance and doing their very best for the patients. I have seen as I had to remain in the hospital for some days—whether it is good fortune or mis fortune—not being ill myself, but on behalf of another, and I saw the ward-boys all vigilant in answering the slightest call on them.

Mr. A. V. Moothedan *(Chalakkudi)*: Had you a pass with you.

Mr. P. Kumaran Ezhuthassan *(Vadakkancheri)*: I had satisfied all the requirements of the hospital. I saw the nurses all attending to the patients. Even though I was in the pay-ward, I was using my powers of observation to see what was happening in the other wings—I saw all, especially the Italian Sisters (*hear, hear*), vigilant and smiling by the side of their patients, trying to ease their mental feelings and all that the human beings are capable of by doing by way of appeasing the mind of the suffering. That is something which I have seen with my own eyes. Then with regard to the Civil Surgeon not visiting all the patients, I think there are 5 Civil Surgeons, in Ernakulam, Mattancheri, Trichur and in the two maternity hospitals. Barring these, in the other hospitals we have either 2 persons, one Assistant Surgeon and another Sub-Assistant Surgeon, or one Sub-Assistant Surgeon only. In the Civil Hospital with many patients or in the General Hospital with yet larger number of patients, I do not think that it is possible for the Civil Surgeon to attend to every patient, but what I saw there was something which surprised me much. I saw the Civil Surgeon coming to the hospital by about 8 or 8-30 and on certain days leaving the hospital as late as 1-30, almost reaching the bed of every patient in both the wards. If my hon'ble friend had taken pains to prove further into the matter, I am sure, he would not have made these charges here. With regard to the hospitals where there are no Civil Surgeons, the doctors in charge are almost always by the side of their patients, because they have their quarters nearby. I do not think many of them will while away their time otherwise than in the hospital. I have seen many doctors spending all their time in the hospitals by the side of their patients. The patients may require oranges, medicines, etc. They have to be purchased from outside. There may be such instances. That is certainly something of a great suffering for the patients. But the remedy is something else. Increase the cost of dietary charges, force the hands of Government and get more amount for medicine. That cannot be considered as a charge against the doctors. Then one thing more I have to place before this House. When the cut motion relates to the in-patients of the hospitals that expression will take in the in-patients of the pay-wards also. The pay-ward in our General Hospital is an institution established in memory of one of our most respectable and reputed Chief Medical Officers, the father of the present Chief Medical Officer. When I read the slab there and also knew that the charges for occupying one of the beds in the pay-wards inclusive of medicine and doctor's attendance is Rs. 2—8—0 without dietary arrangements. I was feeling that something unhappy must have happened. The charge of Rs. 2—8—0 for the rooms in the downstairs per day and Rs. 4 in the upstair per day is something too high. It can be higher provided there are all dietary arrangements necessary for the in-patients. The General Hospital at Madras, the Hospital in Ooty, the Hospital in Bangalore, all these places are charging higher than what we are charging here. But the patient is given excellent diet, which when had outside the hospital will cost perhaps twice or thrice the amount of the charges collected there. That is a fact which the Government may be pleased to bear in mind. It is not by way of criticism. It is only by way of informing them. It is only recently, 2 weeks back, I understand that they raised these charges. Formerly the charges for the first floor was only Rs. 1—8—0 and for the second floor Rs. 2 per day. If the Government is charging a higher rent for the room as house-owners outside it do because of war conditions it will not certainly be to the credit of the Government. There is absolutely no necessity not that I have had to pay, I am prepared to pay more if better conveniences are available. Let me not be misunderstood, I make this complaint before this House on behalf of very many patients, middle-class and richer class that go there because of its popularity. Try to make it more popular and do not extort from the people without giving unto them sufficient value in return. Doctors do attend, medicines are

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supplied and there is all the attendance necessary for the patients. All these stand to their credit. If the Government can find its way to do something to relieve that situation that will certainly be some good done by the Government. On the merits of the cut motion I oppose it.

Mr. L. M. Pylee *(Latin-Christians Ernakulam):* I notice with pleasure that the purpose of the Mover of the cut motion is of good intention. Everything requires improvement and there is nothing in the world which does not require improvement. It is in that spirit he has brought this cut motion and so far I agree with him. But unfortunately as pointed out by the previous speaker he has not made out a case. The cut motion itself says to point out the condition of the patients in the hospital is far from satisfactory. There is certainly an element of gross exaggeration in that matter far from satisfactory. Sir, the little of what I have seen of the hospitals especially at Ernakulam and Cochin it seems to me that they are in a very satisfactory condition *(Hear, hear)*. I would just ask to the hon'ble members of this House if they have seen some of the hospitals in the neighbourhood of our town. We have only to take a rickshaw from Mattancheri and make a little migration to the British territory road over there. Without casting any reflection upon any institution when I entered into that institution I felt I was in a cattle shed, crowded, stinking, with all sorts of insanitary arrangements. I did not know the moment when I got into that place. It was not at all a pleasant sight. Of course hospitals are not of pleasant sight, on the other hand when I go to our hospitals which has got a sort of accelerating feeling neatness, calmness and all the convenience. You feel you are in some sort of park. You don't feel the unpleasant that is generally associated with the hospital. I would prefer to go their instead of to a park because it is kept in beautiful condition. When we have such an efficient condition thanks to the desire for service that inspires our doctors on the whole. I should think that this sort of comment "far from satisfactory" contained a very gross exaggeration. As for visitors in my experience only reasonable restrictions are imposed. I have found no difficulty to get admission there at any time if there is necessity. If responsible persons go there, persons who would not prove to be a nuisance to others certainly there will be no difficulty. They won't even request for a pass. I have gone there night and day because they knew the man who goes there is not going to be a nuisance. I think they could judge the men. Without any remonstrance I have often gone into the hospital and I think that is the experience of my colleagues also. Regarding other hospitals for example, Neyyur, I have not been treated in the Neyyur Hospital. I have occasion to see the nicety of the hospital. It is a very useful institution and associate with it is the great fame and prestige that ranges throughout the whole of India, for certain reasons and especially owing to the doctor-in-charge of it. Here again if you enter the institution you feel great difficulty to remain there. The sanitary arrangements is nothing when compared to what we are having here. It is not a very attractive place. That is not the case with the hospitals in the metropolis. I made that point clear in respect of Maharaja's Hospital. It gives us pleasure to go to the hospital. Of course not as a patient. I said I would rather prefer to spend the time in hospital. It is made so beautiful the sort of environments, the quiteness, the calmness, the sweetness of the arrangements all increase its beauty. It does not look like a hospital. We cannot compare this sort of things with any other hospital outside the State. Even Neyyur Hospital I have occasion to get there once, I did not know where to keep my nose whether it is to be kept in my pocket or anywhere else. Such conditions are inevitable. In all these respects we have nothing to complain so far as our Government hospitals are concerned and as for food and other things it is rather unfair. The fault is our own. If we give more money to the hospitals there will be more food. These are incidental difficulties and I should think the blame is our own. Let us force more money from the stingy Government. As the Hon'ble Member Mr. Petta said, first things come first. Here is a thing that should come first and instead of keeping our surplus if we could utilise a good portion of the surplus nobody will have to be blamed. It is not the fault of those who are in charge of the hospital. But I should think it is our own fault. That such inconveniences are felt and therefore, Sir, although I appreciate the motive of the Hon'ble Mover, the Hon'ble Member Mr. Moothedan, everything requires improvement, nothing is perfect, still I am constrained to oppose it.

Rao Sahib M. Nanu Menon *(Ernakulam):* I oppose the cut motion. I too had many occasions to visit the Ernakulam General Hospital. I had to see a relation of mine in the payward or a friend of mine. Every time I visited I had nothing but praise for the institution. The Chief Medical Officer is accessible to anybody in the hospital. The Civil Surgeon does his work with clocklike regularity and precision, the Italian nurses deserve special praise. So a condemnation like this is condemnatory in itself.

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Mr. C. V. Iyyu *(Kunnamkulam):* I had little chance of being to the Ernakulam Hospital or to the Trichur Civil Hospital. But I would like to invite the Hon'ble Member for Chalakkudi to come to my place and I shall be glad to take him to Ponnani, Thrithalai, Chowghat and if they are compared with the Kunnamkulam Hospital, his opinion about the mofussil hospitals will be completely changed. He can know how our Medical Department conducts our hospitals in the mofussil and how other Governments and local bodies are conducting their hospitals. I am afraid the Hon'ble Member in his trips to Malayattur has not got down in Travancore territory and looked into the Angamali Hospital or the Alwaye Hospital and then formed his opinion about the Travancore hospitals. He might have seen the Chalakkudi Hospital. He could have compared the Chalakkudi Hospital to the Angamali Dispensary. Then I think he would feel sorry for what he said.

Rao Sahib Dr. T. Verghese *(Chief Medical Officer):* Sir, I am really grieved that a motion of this kind should have been brought to this House especially from a person like the Hon'ble Member for Chalakkudi who has had ample opportunities of seeing the General Hospital and other hospitals in the State. Most of the charges that he has levelled against the hospitals have been most ably met by the speakers who preceded me. One of the charges made was that visitors are not allowed indiscriminately into the hospital I am surprised at that remark. Does he want all people to be allowed into the hospital at all hours of day and night? The relations of the persons are admitted—they are given two passes. They can enter the hospital without any difficulty and again no restriction is ever made in the case of respectable people. These restrictions are made more or less for the benefit of the patients in the institution and not to cause any hardship to the relations of the patients. It is most inadmirable to admit the people indiscriminately. When patients' relations are admitted into the hospital, it often happens that they are careless enough to give them food stealthily—nurses cannot always be on the spot and the consequence is often grave. To avoid such a contingency these restrictions are imposed. It is also to enable the management to keep the premises and the hospital as far as possible clean and tidy. Sir, he compares our hospitals with some of the hospitals in Travancore. I would challenge my friend to visit any one of our Muffussil hospitals without notice and likewise any of the neighbouring hospitals in Travancore. I feel sure than that he would feel sorry for what he said. I take real pride in the amenities provided in the General Hospital and also in all the hospitals of the State. Any member may visit with or without notice and see the condition of the beds mattresses and other amenities provided. They are excellent. As a matter of fact many of the distinguished surgeons and physicians even the Director General of Medicines and the Public Health Commissioner from British India have over and ever again certified that our hospitals in the State are really as good as any of the hospitals in British India. He also made remarks against the doctors and surgeons. I am prepared to concede that I personally may not be as good as some of the missionary doctors. But all the same we are trying our level best to see whether we may not be perfect. But to condemn all the the doctors in the way in which he had done is not conducive to the good name of our hospitals or encouragement to the medical men who are engaged in this noble service. I think I have met all the charges levelled by the Member for Chalakkudi. There is one other point raised by the Hon'ble Member for Vadakkancheri that is with reference to increase of room rent. I do not think that the charge of Rs. 2—8—0 to patients is really too high. Even now all our wards are occupied and we are trying to improve the conditions there also. We have to pay for more now for bed sheets furniture, etc., and consistent with the general rise of prices the addition of one rupee will not hit the people very much. If it is the opinion of the House that it is too much I am sure I shall give it my earnest consideration again.

*Mr. A. V. Moothedan *(Chalakkudi):* I am very glad that we had an interesting and in same cases a heated debate. After listening to the speech I think I have made a scarilege. That is the opinion of two or three members. They say that I have committed the greatest sin in tabling this motion. The Hon'ble Member for Ernakulam was justfying that he does not agree with me. I wish to analyse some of the remarks made by some of the Hon'ble Members. Now before that the previous cut motion shows dietary charges are not sufficient and from the opinion expressed it is seen that British hospitals are paradise. Now they say our hospital is the best. Ernakulam hospital is an ideal hospital, civilised hospital, worthy hospital and so on. There should be some consistency.

Apart from that the Hon'ble Member for Ernakulam said that this condemnation is condemnatary. What is the condemnation I stated as the other Members of the House. I did

*Speech not corrected by the Hon'ble Member.

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not charge the department with gross negligence. I said that hospitals are not up to the ideal mark. When we compare our present state of affairs with the ideal it is far from satisfactory. That is what I said. I never charged the Chief Medical Officer, Civil Surgeons or anybody with any negligence. I have stated repeatedly several times that the condition of our hospital should be made better. I never condemn it down right. I never charged any doctor with criminal negligence. The Hon'ble Member for Ernakulam said "condemnation is condemnation"(*Laughter*) What is the codemnation I do not understand. In the light of what I have said now the decision on the cut motion just now passed will have to be revised. The cut motion points out the inadequacy of the provision for dietary charges set apart for the patients in the hospitals and states that the provision is far from satisfactory. Now for inpatients food also is part of the item. If you say that diet is inadequate, the House has stated that the provision made is inadequate, the important items to an inpatient is diet and the House has just now decided that it is unsatisfactory. Now the Hon'ble Members are opposing my motion and is condemning what they have done yesterday. Those that have logic in their heads can understand. The Hon'ble Member for Mattancheri and the Hon'ble Member for Vadakkancheri have both admitted that there is not sufficient provision for medicines. They say fight for medicines, fight for medicines. What is the oppurtunity for fighting for medicines. My Hon'ble friend is taking an inconsistant attitude. Inpatients want medicine, they want diet. They have passed a veardict that a diet is not satisfactory. The Hon'ble Member for Vadakkancheri has admitted that medicine is not sufficient. Apart from that he has given his cut motion that medicine is not sufficient. The Hon'ble Member for Vadakkancheri said fight for medicine, fight for medicine. I am fighting. The Hon'ble Member for Mukundapuram Ezhuvas was taking a very sympathetic attitude what ever may be the community. Till recently he was fighting for the Police, tappers and the suffering people. He does not condemn my motion. He only says that visitors could not be allowed and that the existing practice may continue. He does not say anything about the other points contained in my speech.

So these are the points. If my motion is put and lost that will be revising the verdict just now passed on the previous motion If the House wants me to press the motion I will do it. According to my judgment if this motion is carried, it will go a great way. I do not want to try the experiment. I may be allowed to withdraw.

Cut motion, by leave, withdrawn

The House rose for lunch at 1-30 p.m. and reassembled at 2-30 with the Deputy President in the Chair.

CUT-MOTION No. 41

Inadequate provision for medicines

Mr. P. Kumaran Ezhuthassan *(Vadakkancheri)* : Sir, I am really sorry that I have to take a seemingly antagonistic attitude towards the Department of medicine. I used the word seemingly deliberately. If correctly understood the Departmental head must be thankful to me for tabling such cuts. We are interested to see, Sir, that the Medical Department is worked in the best manner under departmental head like him. Enough has been said in this House when discussing the previous cut that hospitals in the State are being worked satisfactorily. More than that cannot be expected from the representatives of this House. I would also submit at this juncture that these deserving encomiums should certainly not stand in the way of the departmental head trying his level best to improve the medical institutions of the State more and more, ever to the satisfaction of the Hon'ble Member for Chalakkudi. With this preface I move the cut motion standing in my name. To reduce the allotment of Rs. 1,75,000 for medicines under "Supplies and Services" by Re. 1 *to point out the inadequacy of the provision for medicine in hospitals and dispensaries.* It is not necessary, Sir, to make any detailed comments for the cut to be acceptable even to the Government. There are a large number of medical institutions and the stock of medicine proposed to be had for all these institutions together for 1120 is only for a lakh and seventy-five thousand rupees. Unlike the provisions for dietary charges this figure of a lakh and seventy-five thousand is seen to be constant since the year 1117. If you see the account of 1117 you will find, Sir, a lakh and seventy-five thousand, then again the budget provision for 1119, is lakh and seventy-five thousand, the revised figure for 1119, is again lakh and seventy-five thousand and provision for 1120 also a lakh and seventy-five thousand. From this what we are to gather is that either the supply for medicine to our hospital is not made to satisfy the needs of these institutions or that medicine is selling at the prices at which

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they stood in 1117. Otherwise there must be some extra provision, an enlarged provision during these years. Persons who have had experience of the hospitals of the State will bear testimony to the statement that I am immediately to make namely, that when prescriptions are taken to the proper place for getting the medicine in a prescription containing 6 items at least 2 have to be taken from the adjoining druggist's shop. That is a fact which will not be controverted. Probably in the General Hospital at Ernakulam the experiences may not be to that extent but in muffusil hospitals I do maintain, Sir, that at least a third of the medicines prescribed by a doctor has to be purchased from outside, and that at prohibitively high cost in spite of the control orders which are not being properly worked. There are control orders regarding the prices and I would be very glad if the Hon'ble Member for Civil Supplies will be pleased to lend his ears because some of my remarks will affect that department also. There are control orders with regard to drugs and medicines but they are honoured in the breach. There is no body to see that these drugs are sold at controlled prices. If you go to a chemist and ask for any of the patent medicines even for the matter of any small pill which is necessary to be had in ordinary mixtures you have to pay what he asks for. If it is an educated man who goes to the chemist sure as anything the answer for the demand is "no", because he knows that if he takes more than the controlled prices probably the individual concerned may make a report or make a complaint and therefore instead of giving the medicines even at a prohibitive cost you are denied the medicine even. That is the experience obtaining to-day. When that is the position in the outside market it is absolutely necessary, Sir, that all the medicine that is prescribed must be had from our hospitals and persons in charge of the institution cannot certainly spend from their own pockets for these outside purchases and if a supplementary supply to the one that is sent on to them from the Chief Medical Officer's Office is to be had, surely the supply of medicine must be increased. I would say in the circumstances obtaining to-day a doubling of the figure shown for 1120 will not be anything large. It may probably meet the demands of the situation. It is in that view that I place this cut motion for the consideration of the House to be accepted by the Government itself instead of forcing us to vote upon it.

Mr. K. Kunhirama Menon *(Cheruthuruthi)*: Cut motion No. 9 also relates to this. I may be allowed to speak.

Mr. Deputy President: Yes. You may speak.

മിസ്റ്റർ കെ. കുഞ്ഞിരാമമേനോൻ: സർ, ഇതിനെ സംബന്ധിച്ചു ഞാനും ഒരുപക്ഷേപം ഇവിടെ അയച്ചിട്ടുണ്ടു്. എന്റെ ഉപക്ഷേപത്തിൽ റൂറൽ ഡിസ്പെൻസറിയുടെ കാര്യം മാത്രമെ പറഞ്ഞിട്ടുള്ളു. ബഹുമാനപ്പെട്ട ചീഫ് മെഡിക്കലാപ്പീസരുടെ മറുപടിയിൽ ഒ ഠ രോഗികളാണു് ശരാശരി ഡിസ്പെൻസറിയിൽ വരുന്നതെന്നു പറഞ്ഞു. ചേപ്പു, തത്തമംഗലം മുതലായ ഡിസ്പെൻസറികൾക്കു് ഇ ഠ ക. യാണു് അനുവദിച്ചിരിക്കുന്നതു്. എന്തിനാണു് ഈ ഇ ഠ ക. അനുവദിച്ചിരിക്കുന്നതു്. ഇതുകൊണ്ടു് എങ്ങിനെയാണു് രോഗികൾക്കു് മരുന്നുകൊടുക്കുവാൻ സാധിക്കുന്നതെന്നു എനിക്കറിഞ്ഞുകൂടാ. ചില ഡിസ്പെൻസറികളിൽ ആളുകൾ കുറവുണ്ടാകും. എന്റെ അറിവു് റൂറൽ ഡിസ്പെൻസറിക്കു അനുവദിച്ചിരിക്കുന്ന ഈ ഇ ഠ ക. യിൽ ന ഠ ക. ശമ്പളത്തിനും ഫ ഠ ക. മരുന്നിനും ആണെന്നാണു്.

റാവുസാഹിബ്ബു് ഡാക്ടർ ടി. വർഗ്ഗീസു്: ന ഠ ക അലവൻസും ഫ ഠ ക. മരുന്നിനും ആണു്.

മിസ്റ്റർ കെ. കുഞ്ഞിരാമമേനോൻ: ദിവസേന ഇ ഠ രോഗികൾ വരുന്ന ഒരു ഡിസ്പെൻസറിക്കു മാസത്തിൽ ക ഠ ഠ ക. കൊടുക്കുവാൻ എന്താണു് വിരോധമെന്നാണു് ഞാൻ ചോദിക്കുന്നതു്. മുമ്പു് അനുവദിച്ചിട്ടുള്ള സംഖ്യയാണു് ഇപ്പോഴും കൊടുക്കുന്നതു്.

റാവുസാഹിബ്ബു് ഡാക്ടർ ടി. വർഗ്ഗീസു്: കൂടുതലുണ്ടു്.

മിസ്റ്റർ കെ. കുഞ്ഞിരാമമേനോൻ: കമ്പനിയുടെ കാര്യമെടുക്കാം. അതിന്നിപ്പോൾ വളരെ വില കൂടുതലാണു്. മലമ്പനി പിടിപെട്ട രോഗികൾ വരുന്ന ഡിസ്പെൻസറിയിൽ ഇതു വാങ്ങിക്കണമെങ്കിൽ വളരെ ഉറപ്പിക വേണ്ടിവരുമെന്നുള്ളതു് ഗവമ്മെണ്ടു് ഓർക്കണം. അതുകൊണ്ടു് മലമ്പനിയുള്ള സ്ഥലങ്ങളിലുള്ള ഡിസ്പെൻസറികൾക്കെങ്കിലും കുറച്ചു കൂടുതൽ സംഖ്യ അനുവദിക്കണം. അതൊന്നു മനസ്സുവെച്ചാൽ കൊള്ളാമെന്നാണു് ഞാൻ അപേക്ഷിക്കുന്നതു്.

***Mr. Joseph Pettah** *(Adur)*: Mr. President, Sir, I feel it my duty and in fact the duty of every Hon'ble Member of this House to support this motion heartly, because the request

*Speech not corrected by the Hon'ble Member.

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contained in this motion is so very just and the justice of it is so very patent. Here Sir, we have an instance to prove the hollowness of our surplus budget. On the occasion of the general discussion on the budget I had to remark that the surplus shown there is not at all a surplus when we consider the decrease in the value of money and here we have a patent case of budgetting for a surplus. This surplus has been made by stinting or by starving some of the very essential requirement of the people. If we have any idea or if there is any body who has studied the extent to which money value has fallen in these days he can realise the justice of this. Not many arguments are necessary. There is no use of finding fault with the Hon'ble Member for Medicine because he cannot help it, he can only manage with the funds at his disposal or the funds that are given to him.

Mr. P. Kumaran Ezhuthassan *(Vadakkancheri)* : But he should fight for more. If in spite of fighting he does not get, he should bring the fact to our notice.

Mr. Joseph Pettah *(Adur)* : Surely, he ought to and if in spite of that he does not get it, he must tell us. But there are the secrets of Government budget making. Government's reply would be want funds. That again is because there is an element of difficulty in the process of budget making in the state. If we first look to the available income and then try to allot that ncome in a limited manner. There is difference between private budget making and ipublic budget making. In private budget making the principle is " cut your coat according to the cloth". First ascertain your income and then adjust your expenditure according to the income. But in public finance the process according to well established or authoritative principles it ought to be the otherway. Let us first consider the needs and then having estimated however elementary primary, and urgent need let us try to find fund for the same. If necessary by additional taxation. When additional taxation is for this purposes no body would grudge. An eminent authority says that the limit of taxable capacity and the extent to which we can afford to be taxed depends to a very great extent on the nature of the expenditure for which the money is to be raised. If it is however a desirable thing we can afford to be taxed more. If it is for a mere luxury, we cannot afford to be taxed. That is the limit of taxable capacity. This principle I respectfully submit must be borne in mind by our budget makers. Then another thing I want to suggest or to give a few constructive methods of providing adequate funds for medicinal needs of our State. Let us suppose that we have limited funds and then it follows that we must get the best of every rupee. Let us see whether there is any mere economical way of spending the money available, Now Sir, there are other systems of medicine also which are very popular and which have got a very long past behind it. The Ayurvedic system for instance it is a reputed system. a very popular sytem and very effective in various ways. As the Hon'ble Members of this House know for many diseases the Ayurvedic system is decidedly superior to the Allopathic system. Here what do we find in our budget. While there is a provision of 1,47,200 for Ayurveda there is a provison of 909300 under medical (Allopathi). My position is suppose you transfer a little amount from the one to the other. Every rupee transferred from Allopathi to Ayurveda will give much more in the matter of effective medicinal help. Ayurveda is so very cheap. The herbs are at our disposal. They do not cost much and transport charges and customs duties can be avoided.

Mr. Deputy President: We are on the question of giving more funds for medicines.

Mr. Joseph Pettah *(Adur)*: I am showing that the provision is inadequate and I am suggesting how the inadequacy can be met in view of the limited funds at our disposal. Again Homeopathi is another system. Sometime a suggestion was made in the House to encourage Homeopathi. The then Chief Medical Officer was very furious at those proposal. An Hon'ble Member suggested that in the matter of treating small-pox Homeopathi would be serviceable. "There is Mariamans" dance said the Chief Medical Officer. Then there is Herbomineral system. I am very sorry that the Hon'ble Minister is not here. Otherwise he would have borne eloquent testimony to the Herbomineral system. We have got limited funds at our disposal. Let us distribute these funds to encourage this system also, which would be relieving the strain of our alopathic system and our hospitals can to a large extent make even the small amounts adequate for the purposes in hand. That is the point to which I am driving. Therefore, Government would do well to follow my humble suggestion and go into the question of encouraging by indigenous and cheaper medicinal methods and try to distribute the funds at their disposal in a reasonable manner so as to meet more efficiently the medicinal requirements of our people.

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* മിസ്റ്റർ പി. നാരായണമേനോൻ: സർ, ബഡ്ഡറവണ്ടാക്കുന്ന കാലത്തു് നടത്തുന്നകൊള്ളമാത്രമല്ല, മറവു ചില കൊള്ളകളായിട്ടുള്ള ചില കായ്ങ്ങളും ഇതിൽനിന്നു് വ്യക്തമാകുന്നുണ്ടു്. ഡെൽഹിയിലേക്കു് രണ്ടു നേഴ്സുമാരെ ടെയിനിംഗിനു് തിരഞ്ഞെടുത്തിട്ടുണ്ടു്. അവർ ടെയിനിംഗ് കഴിഞ്ഞു് മടങ്ങിവരുമെന്നു് നമുക്കു് വിശ്വസിക്കാം. അതുപോലെ പല ഭാഗങ്ങളിലുംചെന്നു് ടെയിനിംഗ് കഴിഞ്ഞ വലിയ വലിയ വിദ്യാഭ്യാസയോഗ്യതയോടുകൂടിയ നേഴ്സ്മാർ ഒരു ഭാഗത്തു്; ഇംഗ്ലണ്ടിലും, അമേരിക്കയിലും ഡബ്ലിനിലും., ബർലിനിലും പോയി ഇംഗ്ലീഷ് ചികിത്സ പഠിച്ചു പാസ്സായിട്ടുള്ള ഡോക്ടർമാർ ഒരു ഭാഗത്തു്; വൈദ്യശാസ്ത്രം നല്ലപോലെ പഠിച്ചു് ധാനന്തരിമൂത്തിയെ അതിശയിക്കത്തക്ക പാണ്ഡിത്യത്തോടുകൂടി മടങ്ങിവന്നിട്ടുള്ള വൈദ്യന്മാരും മറെറാരു ഭാഗത്തു്; ഇങ്ങിനെ വളരെ എഫിഷ്യൻസിയുള്ളൊരുമെഡിക്കൽ ഡിപ്പാർട്ട്മെന്റാണു് നമുക്കുള്ളതു്. പക്ഷെ, ഇതുകൊണ്ടു് എന്തുപ്രയോജനമാണുള്ളതെന്നു് എനിക്കറിഞ്ഞുകൂടാ. യുക്തപരിശിലനത്തിനു് അമേരിക്കയിലേക്കൊ, ഇംഗ്ലണ്ടിലേക്കൊ, ബർലിനിലേക്കൊ, അയക്കുക; അവർ ഹിറവലറെപ്പോലേയൊ, നെൽസ്സനെപ്പോലെയൊ, നെപ്പോളിയനെപ്പോലെയൊയുള്ള യോഗ്യതയോടുകൂടി മടങ്ങിവരിക, അവരെ ഇവിടത്തെ ഡിഫൻസ്സിനു് വേണ്ടിയുള്ള സ്ഥാനത്തു നിയമിക്കുക; അതേസമയത്തു് യാതൊരു ആയുധവും അവക്കു് കൊടുക്കാതിരിക്കുക; അങ്ങിനെയാണെങ്കിൽ അവരുടെ യുക്തസംബന്ധമായ വലിയ യോഗ്യതകൾകൊണ്ടു് എന്തുപ്രയോജനമാണു് കിട്ടാൻപോകുന്നതെന്നു് എനിക്കറിഞ്ഞുകൂടാ. അതുപോലെതന്നെ യോഗ്യതയുള്ള വൈദ്യന്മാരും, യോഗ്യതയുള്ള നേഴ്സുമാരും നമുക്കു് ധാരാളമുണ്ടെങ്കിലും, രോഗികൾക്കു് കൊടുക്കുവാൻ മരുന്നും അവക്കാവശ്യമായ ഭക്ഷണസാധനങ്ങളും കൊടുക്കുവാൻ സാധിക്കുന്നില്ലെങ്കിൽ എന്തുപ്രയോജനമാണു് ഇതുകൊണ്ടൊക്കെ കിട്ടാൻ പോകുന്നതെന്നു് ഞാൻ ചോദിക്കുന്നു.

ഈ അടുത്ത ഒരവസരത്തിൽ ബഹുമാനപ്പെട്ട കുന്ദംകുളം മെമ്പർ ഒരു അഭിപ്രായം പുറപ്പെടുവിക്കയുണ്ടായി. എറണാകുളത്തുനിന്നു് കുന്നിന്മേലേക്കു് പോകുന്ന റോഡു്, സാധുക്കളുടെ ഭവനത്തിന്റെ സമീപത്തുകൂടിയാണു് പോകുന്നതെന്നും, ആ ദാരിദ്ര്യസ്ഥിതി അന്യരാജ്യങ്ങളിൽനിന്നു് വരുന്ന വലിയ ആളുകളായ വിസിറേഴ്സ് കാണുന്നതു് രാജ്യത്തിന്റേയും, ഗവൺമെണ്ടിന്റേയും അഭിമാനത്തിനും ഇന്നത്തെ പേരിനും പോരാത്തതാണെന്നും, അതുകൊണ്ടു് അങ്ങിനെയുള്ള ദാരിദ്ര്യസ്ഥിതി മാറുകയും, അതു മറവുള്ളവരുടെ ദൃഷ്ടിയിൽപെടാതിരിക്കുന്നതിനു വേണ്ടി റോഡു് ഒന്നു മാറിനിർമ്മിച്ചാൽ തരക്കേടില്ലെന്നും അഭിപ്രായപ്പെടുകയുണ്ടായി. അതുപോലെതന്നെ കൂടുതൽ വിദ്യാഭ്യാസയോഗ്യതയുള്ള വൈദ്യന്മാരേയും, നേഴ്സുമാരേയും ഈരാജ്യത്തു കിട്ടുന്നതിനുവേണ്ടി അവരെ അന്യരാജ്യങ്ങളിലേക്കു് വിദ്യാഭ്യാസാർത്ഥം അയച്ചിട്ടുള്ളതു് യഥാർത്ഥത്തിൽ മറവുള്ളവരെ തെറിദ്ധരിപ്പിക്കുവാൻ വേണ്ടിയാണോയെന്നു് സംശയിക്കേണ്ടിയിരിക്കുന്നു. വൈദ്യശാസ്ത്രനിപുണന്മാരായ വൈദ്യന്മാരും, അതുപോലെതന്നെ ശുശ്രൂഷയിൽ നൈപുണ്യം സമ്പാദിച്ചിട്ടുള്ള നേഴ്സ്മാരും ഇവിടെ ധാരാളമുണ്ടു്. അതെല്ലാം മറവുള്ളവരെ മനസ്സിലാക്കുമ്പോൾ ഇവിടത്തെ വൈദ്യഡിപ്പാർട്ടുമെണ്ടു് വളരെ ഭംഗിയായിട്ടു നടക്കുന്നുണ്ടെന്നു് അവക്കൊക്കെ അറിയുവാൻ സാധിക്കും. പക്ഷെ, ഉള്ളിലെ കഥ ഇപ്രകാരമാണെന്നു് ആക്കും അറിഞ്ഞുകൂടാ. ഇനി വൈദ്യന്മാരുടേയോ, നേഴ്സുമാരുടേയോ കൂടുതൽ യോഗ്യത കിട്ടുന്നതിനുവേണ്ടി വിദേശങ്ങളിലേക്കു് അയച്ചു കൂടുതൽ പണം ചിലവു് ചെയ്യാതെകണ്ടു്, ആ പണം ഇപ്പോഴും നിവൃത്തിയുണ്ടെങ്കിൽ രോഗികൾക്കു് ആവശ്യമുള്ള കൂടുതൽ മരുന്നും, കൂടുതൽ ഭക്ഷണസാധനങ്ങളും വാങ്ങിക്കുന്നതിനുവേണ്ടി വിനിയോഗിക്കുന്നതായിരിക്കും നല്ലതു്. എന്നുമാത്രമല്ലാ, [illegible] മുതൽ [illegible] വരെ മരുന്നു വാങ്ങിക്കുന്നതിനു് ആവശ്യമുള്ള തുക ഒന്നായി കാണുന്നതിൽ നിന്നുതന്നെ രോഗികൾക്കാവശ്യമുള്ള മരുന്നു മുഴവനും കിട്ടാതെ വിഷമിക്കുന്നുണ്ടെന്നു് നമുക്കു് മനസ്സിലാക്കുവാൻ സാധിക്കും. ബഹുമാനപ്പെട്ട അഡ്വർ മെമ്പർ പറഞ്ഞതുപോലെ ഉത്തരവാദിതഭരണം വേണമെന്നു് ആവശ്യപ്പെടുന്നതിന്റെ ഒരു കാരണം ഇതാണു്. നിശ്ചയമായും ഉത്തരവാദിതഭരണം കിട്ടിയതിനു് ശേഷമാണു് ബഡ്ഡറവു് തുപീകരിക്കുന്നതെങ്കിൽ ജനങ്ങൾക്കു് എത്രയോ ആവശ്യമായ ഈ വൈദ്യവകുപ്പിലേക്കു് വേണ്ടിടത്തോളം സംഖ്യ അതിൽ കൊള്ളിക്കുമായിരുന്നു. അങ്ങിനെ കൊള്ളിക്കത്തക്കവണ്ണമുള്ള ആദായമില്ലെങ്കിൽ തന്നെയും അതിന്നാവശ്യമായ പണം ഉണ്ടാക്കുന്നതിനു് നിശ്ചയമായും ഉത്സാഹിക്കുമായിരുന്നു. ഉത്തരവാദിതഭരണംലഭിക്കുന്നതുവരെ, ഇങ്ങിനെ

* Speech not corrected by the Hon'ble Member.

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യുള്ള ആവശ്യങ്ങൾ നിവ്വഹിക്കാത്തതുകൊണ്ടു് പലവിധത്തിലുള്ള ബുദ്ധിമുട്ടുകളും ജനങ്ങൾക്കു് അനുഭവിക്കാതെ നിവൃത്തിയില്ല. അതുകൊണ്ടാണു് ഉത്തരവാദിത്വഭരണത്തിനായി ജനങ്ങൾ കൂടുതൽ ആവശ്യപ്പെടുന്നതു്. ഇന്നു ബഡ്ജറ്റിൽ ഏതു ലക്ഷത്തിൽപ്പരം ഉറുപ്പിക സർപ്ലസ്സു് കാണുന്നതു ദൈവഗത്യാ വന്നു ചേർന്നിട്ടുള്ളതാണു്. ആ തുകയെങ്കിലും ഈ ആവശ്യങ്ങൾക്കു് ചിലവു് ചെയ്യുന്നതിനു് ഇന്നത്തെ പിന്നോക്കം മാത്രം നോക്കുന്ന ഗവണ്മെണ്ടിനോടു് പ്രത്യേകം അപേക്ഷിച്ചുകൊണ്ടു് ഞാൻ ഇതിനെ അനുകൂലിക്കുന്നു.

Mr. George Panikulam *(Irinjalakkuda)*: I rise to support this motion. Before the Hon'ble Member for Medicine comes to his reply I wanted to make a suggestion. There are very members who have already spoken this and it is a fact that from the prescriptions for medicines many, we have to purchase certain medicines from outside. Unless these medicines are purchased these prescriptions will be of no use. In my own personal experience when a mixture had to be obtained for something connected with heart disease the doctors suggested that Parke Davies' vegetalis should be supplied. It is not supplied to the hospitals. That has to be purchased at a higher cost from some chemist's shop.

Now I have to give one suggestion to the Chief Medical Officer. The Chief Medical Officer may issue an order that hereafter the doctors need not prescribe any medicines that are not in the hospitals. Such a thing need not be done. Things may be left as they are. We want our disease to be cured. To give a satisfactory state of affairs so far as the records are concerned such a thing may not be done, if he is unable to supply all the medicines from the hospitals and dispensaries.

മിസ്റ്റർ ബി. എം. പീറ്റർ: സർ, ഞാൻ ഈ ഉപക്ഷേപത്തെ അനുകൂലിക്കുന്നു. ആശുപത്രിയിൽ മരുന്നില്ല, ഭക്ഷണമില്ല, എന്നുള്ള ആവലാതി പരക്കെ എല്ലാവരും കേൾക്കുന്ന ഒരു വസ്തുതയാണു്. അതിനു് ഏതെങ്കിലും തരത്തിൽ ഒരു നിവാരണം കണ്ടു പിടിക്കേണ്ടിയിരിക്കുന്നു. നമുക്കു നല്ല ഡോക്ടേഴ്സുണ്ടു്. അതുപോലെയുള്ള ഉപകരണങ്ങളുമുണ്ടു്. പക്ഷെ മരുന്നും ഭക്ഷണവും കിട്ടാതെ ആ നല്ല ഡോക്ടർമാരെക്കൊണ്ടുമാത്രം സുഖക്കേടു സുഖമാക്കുവാൻ സാധിക്കുമെങ്കിൽ അതു വലിയൊരു അത്ഭുതമാണു്. അവർക്കു മാജിക്കുണ്ടായിരിക്കണം. അങ്ങിനെയുള്ള മാജിക്കുണ്ടായിരുന്നുവെങ്കിൽ അതിന്റെശക്തികൊണ്ടു് ഇപ്പോൾ ഗവമ്മേണ്ടു് അനുവദിച്ചുവരുന്ന തുച്ഛമായ തുകകൊണ്ടുകായ്യം സാധിക്കാമായിരുന്നു. ഞങ്ങൾ ഏതു് ആശുപത്രിയിൽ ചെന്നാലും തങ്ങൾക്കു ശരിയായ മരുന്നു കിട്ടുന്നില്ല, ഭക്ഷണം കിട്ടുന്നില്ല എന്നുള്ള ആവലാതികളാണു് രോഗികളിൽനിന്നും കിട്ടുന്നതു്. ഈ ഒരു കഷ്ടപ്പാടു് ഏതെങ്കിലും തരത്തിൽ മാറുന്നതിന്നാണു് ഗവമ്മേണ്ടു് ശ്രമിക്കേണ്ടതു്. ഈ ബഡ്ജറ്റിൽ ഒമ്പതു ലക്ഷത്തി ഒമ്പതിനായിരം ഉറുപ്പിക മെഡിക്കൽ വകുപ്പിലേക്കു് അനുവദിച്ചിട്ടുള്ളതിൽ മൂന്നുലക്ഷത്തിൽ ചിലപ്പോൾ ഉറുപ്പിക മാത്രമാണു് മരുന്നിനും ഭക്ഷണത്തിനും ചിലവു ചെയ്യുവാനുള്ളതു് ആകെയുള്ള സംഖ്യയിൽ ആറുലക്ഷം ഉറുപ്പിക എസ്റ്റാബ്ലിഷ്മെൻറിനാണു് ചിലവാകുന്നതു്. എന്റെ അനുഭവം വെച്ചു നോക്കിയാൽ ഒരു കായ്യം പ്രത്യേകം പ്രസ്താവിക്കേണ്ടതുണ്ടു്. കണ്ടക്കടവിൽ ഒരു ഡിസ്പെൻസറിയുണ്ടു്. ഒരു കൊല്ലത്തേക്കു ൨,൬൦൦ ക. മാത്രമാണു് അവിടേക്കു അനുവദിച്ചിട്ടുള്ളതു്. മാസംപ്രതി ശരാശരി ൨൦൦ ക. യാണു് അവിടേക്കുവെച്ചിട്ടുള്ളതു്. ശരാശരി ൧൫൦ രോഗികൾ വീതം ദിവസംപ്രതി അവിടെ വന്നു മരുന്നുവാങ്ങിക്കൊണ്ടു പോകുന്നുണ്ടു്. അപ്പോൾ ൧൫൦ രോഗികൾക്കു ആശുപത്രിയിൽ നൂക. മരുന്നിന്നുണ്ടാകും. അപ്പോൾ നൂ നേരത്തെ മരുന്നിനും ൻ പൈ. വിലവരും. അവിടെനിന്നു് കൊടുക്കുന്ന മരുന്നിൽ സാക്ഷാൽ മരുന്നുണ്ടോ എന്നാണു് സംശയം. അല്ലെങ്കിൽ വെള്ളംമാത്രമാണൊ എന്നും എനിക്കു സംശയമുണ്ടു്.

Rao Sahib Dr. T. Verghese *(Chief Medical Officer)*: Will the Hon'ble Member tell me how this Rs. 2,500 for Kandakadva dispensary was arrived at?

Mr. B. M. Peter *(Latin Christian-Mattancheri)*: From the report.

Rao Sahib Dr. T. Verghese *(Chief Medical Officer)*: Whatever medicines were required for Kandakadavu, was supplied. Where is it mentioned?

Mr. B. M. Peter *(Latin Christian-Mattancheri)*: In the administration report.

Mr. P. Kumaran Ezhuthassan *(Vadakkancheri)*: Whatever be the source, is it a fact?

Rao Sahib Dr. T. Verghese *(Chief Medical Officer)*: No.

Mr. B. M. Peter *(Latin Christian-Mattancheri)*: Can you approximately say what would be the cost of medicine supplied to that dispensary?

Rao Sahib Dr. T. Verghese *(Chief Medical Officer)*: Impossible. Whatever medicine is required for the dispensary at Kankakadavu is supplied.

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മിസ്റ്റർ ബി. എം. പീറർ: ഏതൊ റിപ്പോർട്ടിൽ നിന്നും ഞാൻ മനസ്സിലാക്കീട്ടുള്ളതാണതു്. അതു കാണിച്ചു തരുവാൻ ഞാൻ തയ്യാറുള്ളതാണു്. എന്റെ കാൽക്കുലേഷൻ തെറ്റാണെങ്കിലും മരുന്നു വളരെ കുറവായിട്ടാണു് ആ ആശുപത്രിയിൽ കിട്ടിവരുന്നതെന്നു് ഞാൻ തീച്ചയായും തെളിയിക്കാം. അവിടെ മരുന്നു് ശരിക്കുകിട്ടുന്നില്ല എന്ന കാര്യത്തിനു് ബഹുമാനപ്പെട്ട മെമ്പറെ ഞാൻ ചാലഞ്ചു ചെയ്യാം.

മിസ്റ്റർ വി. കെ. കുട്ടി: മരുന്നിനു് വന്ന രോഗികൾക്കു മരുന്നു് കൊടുക്കാതെ അവരെ മടക്കി അയച്ചിട്ടുണ്ടൊ?

മിസ്റ്റർ ബി. എം. പീറർ: മടക്കി അയച്ചിട്ടില്ല. വെള്ളം കൊടുത്തു് അയക്കുന്നുണ്ടു്. രോഗികൾക്കു ശരിയായിട്ടു മരുന്നു കൊടുക്കുന്നതിനു് പണമില്ലെങ്കിൽ എന്തു ടാക്സു് വേണമെങ്കിലും കൂടുതി പണമുണ്ടാക്കുക. കഷ്ടത അനുഭവിക്കുന്ന രോഗികളെ പിന്നെയും കഷ്ടപ്പെടുത്തണമെന്നില്ല. അവക്കു ഭക്ഷണവും മരുന്നും ശരിയായിട്ടു കൊടുക്കുന്നതായാൽ അവരുടെ രോഗം പൂർണ്ണമായി ശമിക്കും. അതുകൊണ്ടു് ഇതിനു് പണമില്ലെങ്കിൽ ഉണ്ടാക്കി ഇതിന്നൊരു നിവാരണം വരുത്തണമെന്നുള്ള അപേക്ഷയോടുകൂടി ഞാൻ ഈ ഉപക്ഷേപത്തെ അനുകൂലിക്കുന്നു.

Rao Sahib Dr. T. Verghese *(Chief Medical Officer):* From the criticism I have been listening this afternoon it would appear that some of the Hon'ble Members are not aware of the tremendous difficulties that the Medical Department has to encounter in connection with shortage of drugs like qunine consequent on the war. At one time we were really threatened with complete break down of supply and although now those considtions are better, the situation is not altogether free from anxiety. However odious comparisons are, we in this State are much better off in this matter than several of the hospitals in Britsh India and Travancore. Medicines are not available from the European market and several Indian manufacturing firms are also unable to meet readily the demands on them on account of the terrible demand for war purposes. I am therefore compelled to purchase medicines in small quantities from various firms scattered throughout the length and breadth of India. It is indeed a matter of gratification that we are now able to supply to many of the institutions of the State with all the essentials. There are some drugs which could not be obtained. But there are substitutes equally good which might be used just as efficiently as the others.

Mr. P. Kumaran Ezhuthassan *(Vadakkancheri):* Why don't you use them?

Rao Sahib Dr. T Verghese *(Chief Medical Officer):* It is however unfortunate that some of our medical officers have not yet learned to use these substitutes or at any rate reluctant to adjust themselves to the new conditions. Actually the cost of medicines, Sir, is not higher to-day that it was a year or two ago. Therefore the amount allotted for this purpose should suffice ordinarily. I have foreseen the difficulties, and I have stocked in the Central Stores sufficient medicine. All the same, one has to be cautious in supplying medicines indiscriminately. Attention is however paid to see that all the institutions are given their quota of essential drugs. In fact in the indents passed in the current year in almost all cases medicines have been supplied according to the indents submitted. I have got two or three indents here, from Chalakkudi hospital, General hospital, Chittur hospital, unfortunately I did not bring the indent relating to the Kandakadvu dispensary. If you examine these indents you will realise that I have been more liberal with regard to the supply of medicines. In the case of the General hospital, 29 extra indents are seen passed over and above the annual indents passed. But I do recognise that there is some difficulty in getting medicines and because of that we have now come to an arrangement with the Government of India who have kindly consented to supply us with the essential drugs for the State at controlled prices. This amount of Rs. 1,75,000, as I said, before should be sufficient for the purpose. But if the provisions made is not suffiicent I shall certainly come before this House for more.

Mr. P. Kumaran Ezhuthassan *(Vadakkancheri):* Why not you budget for that?

Rao Sahib Dr. T. Verghese *(Chief Medical Officer):* We budgetted on the basis of the last year's provision.

Mr. P. Kumaran Ezhuthassan *(Vadakkancheri):* Sterotyped method.

Rao Sahib Dr. T. Verghese *(Chief Medical Officer):* Another reason for this shortage is the want of transport facilities that we are experiencing of late. The Hon'ble Member seems to doubt my statement. Not very long ago all the medicines for the Trichur hospital, Chalakkudi

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hospital etc. etc., were packed and got ready for despatch that we could not get any transport. My friend the Director of Food Supplies and my friend the Chief Engineer will bear testimony to the efforts I made to have these cases of medicine transported.

Mr. P. Kumaran Ezhuthassan *(Vadakkancheri):* Very poor affair. In spite of your efforts you failed?

Rao Sahib Dr. T. Verghese *(Chief Medical Officer):* I have done my best. I have made representations to the Railway authorities. It is not due to any fault of mine or any short-sighted policy on the part of the Government. But I want to assure this House that as a citizen of the State and as the Head of the Department I have got as much interest as any member in this House in the welfare of the sick. I therefore hope that the Hon'ble Member will not press the cut.

Mr. P. Kumaran Ezhuthassan *(Vadakkancheri):* If war is to be the answer for all the sins of the Departmental Heads or Government there is no necessity for a reply. It has been said that on account of the war there is shortage of drugs. On account of the war there is difficulty of transport. If war is to be the answer for these things, the submission that I have to make is this. If there is a shortage of drugs due to war, I seriously ask the question how black marketteers in drugs get it Is not war a difficulty for him. How does he surmount the difficulty of war? Is it easier for the private man to surmount the difficulty than for the mighty Government of Cochin. We do get it in the black-market. None dare deny it.

Rao Sahib Dr. T. Verghese *(Chief Medical Officer):* I do not deny that we don't get it in the black market. I said there is no shortage. I made it clearly understood that all the hospitals of the State are supplied with the essential drugs. All the indents sent by hospitals were met in full.

Mr. P. Kumaran Ezhuthassan *(Vadakkancheri):* I am glad, Sir, that I am reminded of that. Though the original indents and supplementary indents are honoured, the fact remains that out of six items in a prescription, two have to be purchased from outside. What is the explanation of the Department for that. Are these doctors engaged in black marketting these drugs supplied by Government and forcing the patients to go and purchase them. Will I be right in thinking that they are the suppliers in the black-market. There must be some meaning for these things send by way of explanations. That portion of my charge namely that in these prescriptions given out, a portion has to be purchased from the black-market, has not been met at all.

Rao Sahib Dr. T. Verghese *(Chief Medical Officer):* I am sorry, Sir, that I missed one point that my friend the Member for Kattur referred to the fact that he did not get some special makes of drugs from the dispensary at Kattur. Is it possible for the Department to see that all medicines of various makes are kept in stock? Because a doctor could not supply Parke Davies' vigitales he condemns the Department and imagines want of medicine. Is it possible for the Department to supply medicines according to the taste of the doctor?

Mr. P. Kumaran Ezhuthassan *(Vadakkancheri):* You are really injurious.

Rao Sahib Dr. T. Verghese *(Chief Medical Officer):* About the black-market and medicines being made available there, I am not at present prepared to think that any of the medicines goes to the black-market. Now that this question has been brought to my notice, I shall certainly look into it and try my best. I do not think that any of the medicines from any of the hospitals find their way out into the black-market.

Mr. P. Kumaran Ezhuthassan *(Vadakkancheri):* If these arguments of the Hon'ble Member for Medicine are put together and properly looked at the Hon'ble Member would be forcing us to the conclusion that the doctors in our hospitals are the suppliers of these black markets, if these arguments are true. The first statement is because of war there is difficulty for drugs, because of war there is difficulty for transport. All the indents sent up by the various doctors and even the supplementary indents are honoured, if all these things are true my charge namely that many of the items in the prescription have to be purchased from outside remains unanswered, that is attended to be met, it is not possible to be met, because it is a fact. If that is true the Hon'ble Member for Medicine would be driving us to the conclusion that there is somebody supplying these black markets with the necessary drugs because the difficulties of war and transport facilities will be at the doors of these private druggist. If that is true with the private individual that should be true within the Government also. If the private druggists are able to supply us with the medicines concerned at prohibitive costs there must be a supplier. And who is the supplier? Please do not drag us to conclusions by these replies.

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Then with regard to the fact for which special reference was made. I do not for a moment submit, Sir, that it will be possible for any hospital to have all patent medicines and all costly medicines. My charge was not in relation to things similar to the one mentioned by the Hon'ble Member for Kattur. I am speaking on behalf of the poor men who go to the hospital and are forced to purchase a large portion of the medicines from the druggists' shop outside. That is a fact which has to be reckened with and you have to explain. That has not been answered. Here is an assurance given out by the Hon'ble Member for Medicine that over and above a lakh and seventy five thousands another Rs. 25,000 is ready with him and there will be no difficulty for money. If the spirit in which that portion of the reply is drawn to its logical conclusion, *i. e.*, if the Hon'ble Member for Medicine will see that hereafter from to-day on wards there will be no case of patients being asked to purchase a portion of the prescriptions from outside if he will take pains to see that such things do not recur in the hospitals I think that fairness demands that I should not press this cut. If only the Hon'ble Member for Medicine will be pleased to see that such things do not occur, I will have no objection not to press the cut, nor will the House have any objection for my adopting that course. Therefore believing in the words of the Hon'ble Member for Medicine, feeling that he is already feeling as I do, I do not press this cut and I seek leave of the House to withdraw the motion.

Cut motion, by leave, withdrawn

CUT MOTION No. 42

X—ray apparatus in the Civil Hospital, Trichur

Mr. M. Krishna Menon *(Trichur-North):* The cut motion that stands in my name is to reduce the allotment of Rs. 7,77,885 for Medicial Proper by Re. 1 in order *to impress upon the Government the necessity to instal an X-Ray apparatus in the Civil Hospital, Trichur.* While my cut motion is only recommendatory I find cut motion No. 12, a condemnatory cut, standing in the name of Mr. P. P. Devassy, the Hon'ble Member for Trichur South, which is to impress upon the Government the injustice in having removed the X-Ray set from the Civil Hospital, Trichur. In a previous session I wanted to oppose a grant (supplementary) under Medical on this ground but unfortunately the Hon'ble President was not pleased to allow me to oppose the grant on the ground that I could not discuss general policies at the time of supplementary grants. Though my was upset abooted, the very next day in connection with the question of specialists we were able to put a volley of questions in regard to the removal of the X-Ray apparatus. I may remind the House of the large amount of interest evinced by all the Hon'ble Members of this House in regard to this. Sir, from the Administration Report for 1118, we find "the X-Ray apparatus continued to work, etc., etc." So in 1118, there was the X-Ray apparatus in the Trichur Hospital. We would like to understand completely the reasons for the removal of this set. Sir, it was removed, and in spite of our protest on the floor of this House, things are what they were. I may tell this Hon'ble House that it should not be misunderstood that we are black mailing any head of the department; but at once I may say there is no use of mincing or white-washing of the facts. We want an X-Ray set at Trichur, which is the central place of the State, and persons from the northern parts of the State would like to go to Trichur rather than go to the extreme south. We are sentimental and we don't like to "അധികം തെക്കോട്ട് പോകുവാൻ". We are guided by sentiments. Considering the other medical amenities in Trichur, an X-Ray is significantly failing. We have the Civil Hospital, the Maternity Hospital, the Ophthalmic Hospital, etc., and we have eminent doctors. We feel very much in regard to the absence of the X-Ray set, and if the question of expenditure is raised I want to say that I used to be surprised when I find a huge building being constructed for the Office of the Chief Medical Officer. I opposed the grant for this building and a palatial building is put up when our requests are not heeded to. Hence I would impress upon the Government the necessity to instal an X-Ray apparatus in Trichur.

Mr. C. V. Iyyu *(Kunnamkulam):* May I know where the X-Ray apparatus of the Civil Hospital, Trichur was removed ?

Rao Sahib Dr. T. Verghese *(Chief Medical Officer):* The answer was once given.

Mr. C. V. Iyyu *(Kunnamkulam):* We do not know that.

Rao Sahib Dr. T. Verghese *(Chief Medical Officer):* To Ernakulam.

Mr. K. T. Achyuthan *(Ezhuvas-Talappalli):* I support this motion. The mover of the motion has very fairly brought out a strong case as regards the X-Ray apparatus as far as Trichur is concerned. The one fact that Government ought to bear in mind is that at one time Govern-

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ment found the necessity for installing an X-Ray apparatus for Trichur. That very fact shows that there is necessity for that at Trichur. What was the special reason for the Government to remove that X-Ray apparatus from an important place the centre of the Cochin State to Ernakulam where there is one X-Ray apparatus. It is really an injustice meted out to the northern people of the Cochin State. Anyhow Government must see that as soon as the year 1120 begins the X-Ray apparatus must be installed at Trichur. I therefore, request that this may be done as early as possible.

Mr. P. Kumaran Ezhuthassan *(Vadakkancheri):* Sir, I am really sorry that the Hon'ble Member for Trichur South who is the sponsor of the cut motion No. 12 is not here now. Because this is not a case of asking for an X-Ray apparatus to be installed in the Trichur Civil Hospital, it is a case of condemning the Government for depriving the central place of the State namely Trichur of an X-Ray apparatus which it is not to be disclosed, unless that is the purpose served. Why was it removed? Where was it removed? What was the purpose? Unless the purpose that we know is the real purpose which certainly there is no justification for its removal. More than that there was an apparatus already in Ernakulam when the one from Trichur was taken to Ernakulam. The proper place for X-Ray is Trichur. If there is only one X-Ray for the whole State it ought to be kept at a central place like Trichur. A place like Trichur is the place where an X-Ray has to be installed. What has taken place at Trichur? Trichur is deprived of that. Is it robbery? Dacoity is the proper word.

Mr. C. J. Mathew *(Joint Secretary to Government):* Is it parliamentary to use the word dacoity?

Mr. Deputy President: The word dacoity is not used in the proper sense. It is used in an ironical sense.

Mr. P. Kumaran Ezhuthassan *(Vadakkancheri):* Oh! the Joint Secretary to Government is questioning whether it is parliamentary to use the word dacoity. I am sorry that such a query has been made from the Treasury Bench. More than that it has come from that Hon'ble Member who had once the privilege of being on this side of the House. He comes now and asks whether it is parliamentary. I shall inform the Hon'ble Member that it is perfectly parliamentary and that the worst kind.

Hence it is, Sir, that I am sorry that the Hon'ble Member for Trichur South is not in his seat for he has got a properly worded cut in his name. Look at the attitude of the Government. Trichur was deprived of this X-Ray apparatus one year back. Has the little finger of the Government moved in the right direction to see to its removal back to that place? What is the position of Trichur? Apart from the ordinary necessity of an X-Ray apparatus because of the magnificence of the Hon'ble Member representing planters there is a tuberculosis clinic. What is the clinic to do without X-Ray apparatus?

Rao Sahib Dr. T. Verghese *(Chief Medical Officer):* Sir, we are talking without knowledge. There is an X-Ray apparatus in the Trichur Civil Hospital.

Mr. P. Kumaran Ezhuthassan *(Vadakkancheri):* I am very glad to be corrected, Sir. But in spite of the small X-Ray apparatus that is attached to that clinic, the necessity for the X-Ray apparatus that was removed from Trichur still exists. I shall accept reasonable interruptions and explanations, but I am not here to accept cent per cent that escapes from the Treasury Bench. Please don't try that trick. Therefore, the earlier the better that what was removed from Trichur is sent back to Trichur. If the Hon'ble Member for Medicines makes a promise that the X-Ray set that was removed, unnecessarily removed, from Trichur, the central place of the State, will be immediately replaced, even before this session is over, because that is the gravity of the mistake, that is the magnitude of the crime that has been committed. If such a promise is solemnly made, this House will then think what is to do be done with this cut. Otherwise, we are sure what we should do.

Mr. T. P. Poulose *(Kanayannur):* We may know what is the position of the Chief Medical Officer.

Rao Sahib Dr. T. Verghese *(Chief Medical Officer):* Sir, The position is this. Trichur has a very efficient and good X-Ray unit attached to the Civil Hospital. It is an X-Ray unit which is almost as good as the very big one in the General Hospital here. It is true, Sir, that it is attached to the Tuberculosis clinic there, but the unit is available for the patients in the Civil Hospital and the patients in the Civil Hospital are making use of it. The one that we removed from Trichur was a small portable unit, which we had to be taken this side for use here.

Mr. P. Kumaran Ezhuthassan *(Vadakkancheri):* Otherwise you could not have removed it.

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Rao Sahib Dr. T. Verghese *(Chief Medical Officer):* It is a small portable unit. Again I repeat that the Hon'ble Members seem to forget that I am also interested in the Civil Hospital at Trichur and if I thought it was necessary there in preference to the General Hospital, do you think I would have taken it here? Therefore, the reason is a small one was needed in the General Hospiial, very much more than the Civil Hospital.

Mr. K. S. Panicker *(Ezhuvas-Mukundapuram):* Was not the big one available here?

Rao Sahib Dr. T. Verghese *(Chief Medical Officer):* This portable one is really useful for purposes of special treatment.

Mr. Popatlal Goverdhan Lalan *(Industries and Commerce):* What about the X-Ray at Mattancheri. That was removed long ago. You have been taking over all the X-Rays from all over the State and installing them at Ernakulam.

Rao Sahib Dr. T. Verghese *(Chief Medical Officer):* The portable unit was really needed for orthopoedic work. The General Hospital is doing far more work of the kind than any other hospital in the State. Secondly, when the Military Hospital was started here. they had no X-Ray unit of their own and they asked me whether they could occasionally have some of the immoveable patients X-Rayed in their hospital. This is possible only if a portable unit is available at Ernakulam.

The third reason, Sir, is that I had calls from the neighbourhood which necessitated the use of portable units. The big unit here cannot be transported. Only a portable unit can be taken about. The Trichur Hospital has now quite an efficient one. Many Hon'ble Members seem to think that we don't take notice of their suggestions. This is very wrong. They do not seem to be just in that respect. Why does my friend there think that we don't take notice of their suggestions? I have taken sufficient steps to see that the Trichur Civil Hospital gets in addition to the very good one now there, another one. As a matter of fact, it is rather difficult to get these things from America, but steps are being taken and I hope at no distant date it will be available. If the Hon'ble Members had only asked me about it, I would have gladly told them what exactly is the position now. In addition to the every efficient one they have already got in the Tuberculosis Clinic, another set will be got down, provided of course it is available. I am trying my level best to get it and I hope we will get it at no distant date.

Now, the Hon'ble Member for Mattancheri also raised the point.....

Mr. A. V. Moothedan *(Chalakkudi):* Is the Hon'ble Member replying?

Deputy President: He is only explaining the position.

Rao Sahib Dr. T. Verghese *(Chief Medical Officer):* There was one in Mattancheri, but unfortunately it went out of order.

Mr. Popatlal Goverdhan Lalan *(Industries and Commerce):* The Mattancheri people are always unfortunate.

Rao Sahib Dr. T. Verghese *(Chief Medical Officer):* It went out of order and it could not be set right. After all, Mattancheri is not very far from Ernakulam and the X-Ray set in the General Hospital can be made use of easily. Then there is another difficulty. We want properly trained persons to handle this. I am hoping to get some people trained in the use of X-Rays and by the time we get the one for Trichur, I hope we will get men trained to handle it. I think I have explained the position to the House.

Mr. A. V. Moothedan *(Chalakkudi):* Sir, I have great pleasure to support this motion. Any how, the motion is to impress upon the Government the necessity to instal an X-Ray in the Civil Hospital, Trichur. For the comfort of the patients and for their efficient treatment in the Civil Hospital, Trichur, an X-Ray apparatus is necessary.

Rao Sahib Dr. T. Verghese *(Chief Medical Officer):* There is already one there.

Mr. A. V. Moothedan *(Chalakkudi):* It was stated here very vociferously that the apparatus was removed by violence, dacoity was committed. Dacoity according to law is theft attended with force or violence. Therefore the Government must have gathered all the State Force in the Civil Hospital and committed this theft. I do not want to condemn the Department in that fashion. I only want to say that it was improper and that it was an error of judgment on the part of the Chief Medical Officer to have removed that apparatus. With these words. I support this motion.

Mr. C. V. Iyyu *(Kunnamkulam):* Sir, The larger area as well as the larger population of His Highness' subjects, rather the larger number of His Highness' subjects, are not in the Cochin-Kanayannur-Taluk, but in other taluks of the State, the centre of which is Trichur. At the time of Diwan Sir Joseph Bhore, it was really the unofficial capital of Cochin State. The policy of the Government for the last many years had been to show a sort of step-motherly attitude to the Trichur Hospital. The improvements in the Ernakulam Hospital benefit to a large extent not

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Cochinites, especially Travancoreans, but the improvements effected in the Trichur Hospital will largely benefit the largest part, the largest proportion of His Highness' subjects (*hear, hear*). So whatever be the reason which has been put forward by the Hon'ble Member for medicine for removing the X-Ray apparatus there, though it was portable or in other ways more useful in other parts, including the military necessities, there is no sufficient justification for having removed that apparatus for the purposes mentioned here.

Mr. A. Eachara Menon *(Chittur-Rural):* It was removed for the use of the Palace.

Mr. C. V. Iyyu *(Kunnamkulam):* The Princes of the Royal Family take more interest in the benefit of the subjects than for their own benefits. It is very unkind to them, uncharitable to them, to think otherwise.

Mr. A. V. Moothedan *(Chalakkudi):* Sir, on a point of order. The conduct of the members of the Royal Family cannot be discussed here. That is a fundamental principle.

Mr. C. V. Iyyu *(Kunnamkulam):* I am not discussing the conduct of the members. I only say that is what we expect of them.

Mr. A. V. Moothedan *(Chalakkudi):* If the Hon'ble Member makes mention of the Members, other members may have to criticise his statements and that will lead to a discussion.

Deputy President : It is safe to be satified with casual references in such matters.

Mr. C. V. Iyyu *(Kunnamkulam):* Sir, It is of course brought to the notice of this House that there is heart-burning on the part of lay-men who have no idea of the details of treatment. Our only idea is that X-Ray is useful for treatment of certain diseases and by its removal the conveniences that we had in Trichur and its suburbs, I mean the larger or greater portion of Cochin, have been lost. My submission is that the people of those parts also ought to be given the privileges and benefits that they used to get before.

Mr. T. P. Poulose *(Kanayannur):* You have already got one, that is what the Chief Medical Officer says.

Mr. C. V. Iyyu *(Kunnamkulam):* I doubt very much. We are not experts. That is what we are given to understand. Hence it is high time that the Trichur Hospital becomes at least as much equipped as the Ernakulam Hospital. If the necessity of a Radiologist is felt there, one may be sent for training and may be posted there. With these words, I support the motion.

Mr. Joseph Petta *(Adur):* Sir, I beg to support the cut motion, not to condemn the action taken by the Chief Medical Officer, but because I find that his reply has not created, his explanation has not convinced us of the correctness of the action. The question is that the X-Ray was removed from the Trichur Civil Hospital. What was the necessity for removing it. Of course, it was a portable thing, but because the thing was portable, it need not be removed.

Deputy President : The Chief Medical Officer has given his reasons.

*Mr. Joseph Petta** *(Adur):* Those reasons were not plain to me. My point is whether there was any additional necessity for an apparatus here and was it required for the General Hospital. there was an X-Ray apparatus in the General Hospital and it was more, much more, efficient than the one removed from Trichur.

Deputy President : He said that there was necessity for a portable unit here at Ernakulam.

Mr. Joseph Petta *(Adur):* Was it sent round to the people of Ernakulam, and was it sent to any other hospital ?

Rao Sahib Dr. T. Verghese *(Chief Medical Officer):* Yes, it was sent to those who could not leave their homes and who needed X-Ray. The unit had to be transported to their homes.

Mr. Joseph Petta *(Adur):* That is to say, the X-Ray has been transported to certain houses.

Rao Sahib Dr. T. Verghese *(Chief Medical Officer):* Yes.

Mr. Joseph Petta *(Adur):* The same kind of necessity would have occurred at Trichur also. It was taken here and not returned. Another argument is that there is already an X-Ray in the Tuberculosis Clinic there. I submit that it won't be possible for the ordinary patients to go there.

Mr. T. A. Ramachandra Ayyar *(Nellayi):* They won't be allowed to go there.

Mr. Joseph Petta *(Adur):* What is the procedure now adopted ? Can the X-Ray in the Tuberculosis Clinic be used with safety and without fear of getting the infection ?

Rao Sahib Dr. T. Verghese *(Chief Medical Officer):* Oh, yes.

*Mr. Joseph Petta** *(Adur):* Where is the X-Ray more needed ? Is it not more needed in the Civil Hospital than in the Tuberculosis Clinic ? Therefore, if at all anything is to be done,

* Speech not corrected by theHon'ble Member.

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should it not be located in the Civil Hospital and if it is required for any patient in the T. B. Clinic, if he can be sent over to the Civil Hospital consistent with the safety of the patients there, he can be sent there.

Mr. T. P. Poulose *(Kanayannur):* That may also be equally dangerous, as one patient will be enough to spread infection.

***Mr. Joseph Petta** *(Adur):* In either case, it will be infectious, but if the Department thinks that this sort of transport would not cause any infection, that alternative may be adopted. The Civil Hospital at Trichur is now without an X-Ray apparatus and an X-Ray apparatus is of great necessity for certain kinds of diseases. The X-Ray apparatus that was taken from there was not returned, and that is the whole trouble.

Another point is, has the Doctor in charge of the Tuberculosis clinic any expert training or qualification to deal with X-Ray apparatus? What is his special qualification? There have been certain allegations,—I don't believe them—that that particular officer has not got the proper qualification to deal with the X-Ray apparatus. I am not sure about it and I shall be obliged if that point is made clear. In any case, the Civil Hospital must have an X-Ray apparatus in place of the one that has been taken away. Trichur is more accessible to the people than other places. Trichur is more accessible than Ernakulam. We want one to be made available and located at Trichur. Of course, it is true that it is located in the General Hospital which is situated in the metropolis. That is only a question of prestige, but the question of utility would dictate that this instrument which is so very necessary for the patients should be located in places where it is more accessible than in places where it is less accessible. The need for Trichur also should be considered. Whether that need is met by the X-Ray apparatus which is now installed in the General Hospital or by another, we don't mind. That is our position.

Mr. A. B. Salem *(Mattancheri):* Sir, I have to support the motion for an X-Ray apparatus being installed at the Civil Hospital at Trichur also. The apparatus that was at Mattancheri was removed to Trichur. We were promised that in the very very near future we shall have one at Mattancheri also, but that promise has been there for years together and yet we have not complained. Promises most solemnly made on the floor of this House have been left there simply and it goes on like that. This is really a procedure which we cannot appreciate. But as regards the present condition, it will not be correct to say that Trichur should have the apparatus there in preference to Ernakulam. As a matter of fact, the large Military population and operations that are going on in Willingdon Island and in its neighbourhood both at Ernakulam and Mattancheri, bring about a lot of fractures and such other things which need the assistance of X-Ray. So the need is more felt at Ernakulam and it is correct that the apparatus should be at Ernakulam for the time being. This portable X-Ray had to be brought to Ernakulam because it was necessary for the palace and who would say that it should not have been brought here. Will any Trichurian deny that when it is needed for the palace, it should not have been brought? It was not stated here. I cannot understand the secrecy about it. You could have openly said that. The answer was given that in some houses where the inmates could not come out and all that. When it was necessary there it was brought down and correcty brought.

Mr. T. A. Ramachandra Ayyar *(Nellayi):* But it ought to have been taken back when its use was over.

Mr. A. B. Salem *(Mattancheri):* That is correct. But once it was brought and the need for it at Ernakulam was felt to be greater and was more frequent than at Trichur, it was kept in Ernakulam itself. As regards Trichur, there is also an apparatus there which for the time being is sufficient. There is no infection to be had if one goes to the T. B. Institute. Every one who has gone into the T. B. Institute has come back quite safe. Those who go to the T. B. Institute for purposes of X-Ray are not going to carry infection with them. All these arguments are not very cogent. We want an X-Ray apparatus at Trichur. Have it. Therefore we are going to support the motion that there should be an X-Ray at Trichur. There is nothing to worry about. We can certainly ask for an apoaratus to be installed at Trichur also and we hope you will all support us when we ask for one for Mattancheri also, which was promised often-times, the one we had having been taken from us and given to you at Trichur.

Mr. T. P. Poulose *(Kanayannur):* One for Trippunittura also.

Mr. A. B. Salem *(Mattancheri):* No, no. I do not Support that policy. The Government should have all these kinds of X-Rays in one single institute in the Sate. Do you mean to say that in every moffusil hospital arrangements are to be made as is made in the General Hospital at Madras? Everywhere, throughout the Presidency, people from all places go to

*Speech nnt corrected by the Hon'ble Member.

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Madras for special treatment. Even our Chief Medical Officer's wife had to be taken to Madras for treatment,—for deep X-Ray treatment. Therefore, it is not proper that such things should be there. Such special instruments should be only in one central place. It so happens that the General Hospital is here and therefore in one central place it so happens that the General Hospital is situated in Ernakulam. It is here as much for the entire State as for Ernakulam or its neighbourhood. It is not meant for the purpose of Ernakulam only. Certainly not. Therefore all kinds of up-to-date apparatus must be in the central place. That should be the policy and the other policy to have in other places, all over the State, will not be the correct policy. After all, how many hours is Trichur away from Ernakulam. In an emergency case, you can come in two hours from Trichur. You could have demanded one thing. That thing, that only demand is that there should be an ambulance car in the State which could run from any point, bringing down patients here. That is the proper thing to do. From Trichur or a poor patient may have to be brought to the General Hospital and he may not have the means of engaging a special conveyance in an emergency. The train timing may be over. In order to provide for these contingencies, the proper thing is to have an ambulance car and we have tabled cuts here and they have been accepted also.

Mr. L. M. Pylee *(Latin-Christians-Ernakulam):* Sir, on a point of order. Are we on the question of ambulance or on X-Ray?

Mr. A. B. Salem *(Mattancheri):* The need is for the ambulance to be attached to the X-Ray department. A person needing X-Ray beyond the capacity of Trichur could be brought here easily and quickly. That also was promised in this House, but such things have not materialised yet.

Mr. T. A. Ramachandra Ayyar *(Nellayi):* How can persons from Chittur be brought?

Mr. A. B. Salem *(Mattancheri):* The best thing will be to come by aeroplane. You must have an aeroplane ambulance. The same trouble exists.....

Mr. L. M. Pylee *(Latin-Christians-Ernakulam):* You are arguing against the point.

Mr. A. B. Salem *(Mattancheri):* I am not arguing against the point. I am supporting the motion, but this kind of criticisms are not necessary. The policy pursued by the department is also correct, but I must support the cut motion for an X-Ray at Trichur also.

Mr. K. Narayana Menon *(Mulakunnathukavu):* Sir, I beg to move that the question may now be put to vote.

Mr. P. Kumaran Ezhuthassan *(Vadakkancheri):* I second it.

മിസ്റ്റർ കെ. എസ്സ്. പണിക്കർ: എക്സ്റേ ആദ്യംതന്നെ മട്ടാഞ്ചേരിക്കാക്ക കൊടുക്കാമെന്ന പറഞ്ഞതാണ്. ഇൻകംടാക്സ്, സൂപ്പർടാക്സ് എന്നീ ഇനങ്ങളിൽ കൂടുതൽ സംഖ്യ ഗവമ്മെണ്ടിലേക്ക കൊടുക്കുന്നവർ മട്ടാഞ്ചേരിക്കാരായതുകൊണ്ട് അവർക്ക വളരെ നല്ലത കൊടുക്കണമെന്ന വിചാരിച്ച കൊടുത്തതും, മടക്കിക്കിട്ടാത്തതുമാണ്. ആദ്യം തൃശ്ശിവപേരൂർക്കാണ കൊടുത്തത്. മട്ടാഞ്ചേരിക്കാരെപോലെ ഇൻകംടാക്സൊ സൂപ്പർടാക്സൊ കൊടുക്കുന്നവരല്ല തൃശ്ശിവപേരൂർക്കാർ. ഒരു സാധനം ആവശ്യത്തിന്ന കൊടുത്തത തിരിയെ ചോദിക്കുമ്പോൾ മടക്കിത്തരാതിരിക്കുന്നത മര്യാദയായിട്ട തോന്നുന്നില്ല.

മിസ്റ്റർ പോപ്പട്ടലാൽ ഗോവർദ്ധനലാലൻ: കേടുവന്നിട്ടാണ് അവിടെനിന്ന കൊണ്ടുപോയത്.

മിസ്റ്റർ കെ. എസ്സ്. പണിക്കർ: എല്ലാ ആസ്പത്രികളിലും എക്സ്റേ ആവശ്യമാണ്. പക്ഷെ, ആവശ്യവും അത്യാവശ്യവും നോക്കിവേണം എല്ലാകാര്യവും പ്രവൃത്തിക്കുവാൻ. ഉടക്കുന്ന മുണ്ട്, ഷർട്ട്, കോട്ട്, കുട ഇവയൊക്കെ ആവശ്യമാണ്. എന്നാൽ ഉടക്കുന്ന മുണ്ട് കൂടാതെ കഴിയുകയില്ല. അതുപോലെ ഇതും തൃശ്ശിവപേരൂർആസ്പത്രിയിൽ അത്യാവശ്യമായി വേണ്ടതാണ്. ഈ രാജ്യത്തിന്റെ മദ്ധ്യഭാഗമായ തൃശ്ശിപേരൂർ പട്ടണത്തിലാണ് എക്സ്റേ അത്യാവശ്യമായി വേണ്ടതെന്നതിനു സംശയമില്ല. അവിടെനിന്ന് അതു് ഇങ്ങോട്ട കൊണ്ടുവന്നതിന്റെ ആവശ്യം കഴിഞ്ഞു. ഇനി അതിവിടെ വെച്ചുകൊണ്ടിരിക്കേണ്ട ആവശ്യമില്ല. ഒരാളോട വാങ്ങിച്ച മുതൽ ചോദിച്ചാൽ മടക്കികൊടുക്കുവാൻ ഇത്രവലിയ പ്രയാസമാണോ? തൃശ്ശിവപേരിൽനിന്ന കൊണ്ടുവന്നതു് അങ്ങോട്ട മടക്കിക്കൊടുക്കണമെന്നേ പറയുന്നുള്ളു. കേടുണ്ടെങ്കിൽ അതു് ഉടനെ തീർത്തു മടക്കിക്കൊടുക്കുക. തിരുവിതാംകൂർകാരാണ് ഇതു് അധികഭാഗവും ഉപയോഗിക്കുന്നതെന്നുണ്ടെങ്കിൽ വലുതു് ഇവിടെയിരിക്കട്ടെ, ചെറതെങ്കിലും മടക്കിത്തരിക എന്ന മാത്രമേ ആവശ്യപ്പെടുന്നുള്ളു.

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Rao Sahib Dr. T. Verghese *(Chief Medical Officer):* Sir,I thought I explained the reasons why this portable unit was transferred to Ernakulam. My friend, the Member for Mattancheri, explained very succinctly the reasons why the portable unit should be at Ernakulam. Sir, I mentioned three very clear reasons. They are (1) Orthopoedic work is done to a larger extent in the General Hospital than in any other hospital.

മലയാളത്തിൽ പറയണമെന്നു് ചില മാന്യ സ്നേഹിതന്മാർ പറയുന്നതുകൊണ്ടു് മലയാളത്തിൽതന്നെ പറയാം. ഈ സൗകര്യക്കേടു് അധികവും ഇവിടെയാണു കാണുന്നതു്. ഇതു് ആ സൗകര്യക്കേടിനു പറഞ്ഞിയതുമാണു് .അതുകൊണ്ടു് മാത്രമാണു് ഇവിടെ കൊണ്ടുവരാനിടയായതു്. ഇതു് ഇവിടെ വെച്ചിരിക്കുന്നതുകൊണ്ടു് മറ്റുള്ള ആസ്പത്രികളിൽ ബുദ്ധിമുട്ടുണ്ടെന്നു തോന്നുന്നില്ല.

മിസ്റ്റർ എം. കൃഷ്ണമേനോൻ: ടി. ബി. ക്ലിനിക്കും, എക്സറെയും ഒരേ ദിവസമല്ലേ കൊണ്ടുവന്നതു്? അതിൽ ഏതെങ്കിലും ഒരെണ്ണം മാത്രം കൊണ്ടുവന്നാൽ ന്യായമുണ്ടായിരുന്നു

റാവുസാഹിബു് ഡോക്ടർ ടി. വർഗ്ഗീസ്സു്: ഇവിടെയാണു് ഇതിന്റെ ആവശ്യം അധികമായുള്ളതെന്നു മനസ്സിലായതുകൊണ്ടു് കൊണ്ടുവന്നതാണു്.

മിസ്റ്റർ കെ. എസ്സു്. പണിക്കർ: ഇവിടെ ഇപ്പോൾ ആർക്കെങ്കിലും കാൻസർഉണ്ടോ?

Rao Sahib Dr. T. Verghese *(Chief Medical Officer):* This is not really meant for treating any disease.

Mr. Deputy President: The demand will have to be put to vote at 4—5 p.m.

Mr. P. Kumaran Ezhuthassan *(Vadakkancheri):* Do you promise to send it back?

Rao Sahib Dr. T. Verghese *(Chief Medical Officer):* I cannot promise that. The Head of the Department knows what is best for the remaining hospitals and when he explained to you that better use of the unit could be put to in the Ernakulam Hospital, why can't you appreciate my bonafides?

Mr. K. Narayana Menon *(Mulakunnathukavu):* Your bonafides we acccept.

Rao Sahib Dr. T. Verghese *(Chief Medical Officer):* But some Members seem to doubt it.

Mr. A. Eachara Menon *(Chittur-Rural):* Can we expect to have one at Trichur ere long?

Rao Sahib Dr. T. Verghese *(Chief Medical Officer):* It depends upon the time at which we will be able to secure one. We have been taking pains to see that we do get one as early as possible. As a matter of fact I may say for the information of the House that many of the amenities that we are having in the Cochin State are because of my personal efforts. I can assure you about that.

Mr. P. Kumaran Ezhuthassan *(Vadakkancheri):* All glory for you!

Mr. C. V. Iyyu *(Kunnamkulam):* That is why we press these things.

Mr. P. Kumaran Ezhuthassan *(Vadakkancheri)* Otherwise we won't press things like this.

Rao Sahib Dr. T. Verghese *(Chief Medical Officer):* The head of the Medical Departments in India was here and lately he has appreciated the work done here and is therefore prepared to help us in our attempt to get such instruments from outside India.

Mr. C. V. Iyyu *(Kunnamkulam):* That is compliment to you.

Rao Sahib Dr. T. Verghese *(Chief Medical Officer):* I am not hunting for compliments. I have explained why the X-Ray apparatus has been brought here, and in doing that I have not deprived Trichur of that amenity. Why should I do that? Some Members seem to have said that the improvements have not really been effected at Trichur. I am afraid that it is mere imagination.

A third objection was that patients who come to the Tuberculosis Clinic may spread infection to others. There is nothing more misleading than that. In the General Hospital, Madras, there is provision for 18 beds for tuberculosis patients right in the midst of other patients and there is no instance of getting infection in the manner in which it was mentioned by one Hon'ble Member. There is no danger of anybody getting infection of tuberculosis if he merely goes there. I do not see any reason why anybody may not go to the Tuberculosis Clinic and have himself X-Rayed.

Mr. M. Krishna Menon *(Trichur-North):* Sir, I must submit to this Hon'ble House that the explanation given by the Hon'ble Member for Medicine has not gone a bit to convince this House of the reasons which prompted him to remove the X-Ray apparatus from Trichur. The

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whole summary of his speech is that he is not satisfied with the conduct of the members of this House. Because of the fact that the Chief Medical Officer is very interested in the working of his department as any one of us, why should we criticise or discuss any matter of this kind is the question. Please don't try to bamboozle us. We can understand your tactics. As I said before, if it was removed on the very day on which the present small set was installed there, then I could understand the reason. If it had been removed on the same day then your argument would hold water. Any way, as the Hon'ble Member has announced that he is sparing no pains in this matter, I do not intend to press the motion.

Mr. P. Kumaran Ezhuthassan *(Vadakkancheri):* We shall wait and see.

Cut motion, by leave, withdrawn

Demand under 23 Medical minus Rs. 2 was put and carried.

17 Medical Cranganur—Rs. 13,589

Rao Sahib Dr. T. Verghese *(Chief Medical Officer):* Sir, I rise to move for a grant of Rs. 13,589 under "17 Medical—Cranganur".

Demand put and carried

1 Land Revenue—Rs. 4,96,949

Mr. A. Madhava Prabhu *(Diwan Peishkar):* Sir, I beg to move for an allotment of Rs. 4,96,949 under "1—Land Revenue". In making this demand before the House I wish to make reference to one or two new features of the Department. But for this I do not think it would have been necessary for me to make any speech in asking for this allotment. This year there are two special items for which I have to move in moving the Budget for Land revenue. Those are (1) with reference to the opening of the statistical branch attached to the revenue Department and (2) the appointment of a Special Assistant, for the distribution of the compensation that is being sent to this Government for distribution among the dependents of deceased persons or to persons who have been made incapable of working from among those, who have been recruited from here to Ceylon and Assam. These two special characteristics of my department require at least a passing mention so that the House may know the broad details of the working of these two sections.

First I take the Statistical Branch. There are also one or two cut motions in regard to this and the Hon'ble Members may understand the way in which the department is worked, the purpose for which the department works and the results which are sought to be achieved by the working of this section of the department. At the outset I would say that the necessity for the bringing into existence of such a section in the Revenue Department was felt for the first time keenly, though it might have been there before to some extent, after the Food Supply Department or rather the food control measures which preceded the Food Supply Department came into existence or was brought in force. The implications of the food supply measures or rather the the food control measures are well known to this House from the very beginning. The basis of the working of the Department requires correct statistics as to what is the quantity of the various products that is produced and what is the quantity of the various commodities which are required for our daily requirements. The working of that Department thus required a knowledge of what was being produced here, what was being imported here and what was being exported from here and what quantity was left for consumption in the State. This necessarily led to the necessity of finding out the acreage under cultivation for each of those products which we want, and apart from the acreage, what was the yield per acre of those products which were produced here. This is so far as the agricultural products are concerned. Then came the necessity for knowing details with regard to products which are not produced here but which are required for our consumption, namely articles like sugar, etc., which are manufactured products, manufactured outside. That meant an investigation into trade statistics. Though the question of the statistics of the prices was not of such great importance for the purpose of solving the problem in those days, still these two questions always loom large in the eyes of the administrator, especially in a State in which the foodstuffs that are necessary and the other things that are necessary are being brought down from outside. We are living and we live entirely on the goodwill of the other Governments or other Provinces and also on the goodwill of the Central Government who give us quotas to supplement our produce and our manufactured commodities. Well, having felt that necessity, the matter was considered by the Government and an officer was sent out from here to Madras to learn the methods of collecting statistics and work out the necessary data for arriving at correct conclusions on these matters. Whenever it

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